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ABSTRACT

This report on Phase IV, of a four-phase study, provided for the development of evaluation templates and instruments to be used by the California Department of Education to facilitate systematic assessment of state funded educational technology programs and projects. These assessment documents comprised the major data collection sources for the study and were revised as a result of their use in the study. It is intended that these documents be adapted as needed for future use. The instruments included in this report were used to evaluate: (1) School-Based Educational Technology Grants; (2) Level I Model Technology School Projects; (3) Level II Academic Model Technology School Projects; (4) Instructional Television (ITV) Regional Agencies; (5) Software Development Projects; and (6) California Technology Project (CTP) Consortia. Matrices are provided that list each of the instruments as a source of data and indicate the relative importance of the data provided by that instrument for individual evaluation questions. There is a separate matrix for each instrument corresponding to each of the six programs evaluated. Following the matrices are each of the inventories, templates, questionnaires, and interview protocols. (AEF)

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FarWest LABORATORY

Assessment Inventories, Surveys, and Templates for Evaluating Educational Technology Regional and Local Assistance Programs

Phase IV of the Comprehensive Study of Educational Technology Programs Authorized from 1984-1992

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December 20, 1991

Submitted to:

California Department of Education
Office of Educational Technology
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Assessment Inventories, Surveys, and Templates for Evaluating Educational Technology Regional and Local Assistance Programs

Phase IV of the Comprehensive Study of Educational Technology Programs Authorized from 1984-1992

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Overview and Instrumentation Matrix

Phase IV of this the study provided for the development of evaluation templates and instruments to be used by the CDE to facilitate systematic assessment of state funded educational technology programs and projects. These assessment documents comprised the major data collection sources for the study and were revised as a result of their use in the study. It is intended that these documents be adapted as need for future use. A disk is enclosed so that the forms can be adapted and edited as necessary. The software used is Microsoft Word 4.0 and MacDraw II 1.1. Following is listing with annotations of the instruments provided in this binder.

1.0 School-Based Educational Technology Grants:

Self-Assessment Inventory: This is a comprehensive survey to be completed by the key project staff to self-rate their projects on a wide range of questions. Questions were grouped according to the major categories suggested in the evaluation design and include: 1) background information, 2) planning, 3) content, 4) implementation, 5) support resources, 6) funding support, 7) supporting and impeding factors, 8) outcomes, 9) self-assessment summary, and 10) recommendations. The inventory has been, field tested, revised and distributed to the 367 schools funded by the first cycle of School-Based Grants and then revised for this publication.

Evaluation Report Template: This template was designed to assist school-based projects in the development of a narrative report on both the findings of their project-specific evaluation and the information collected from the Self-Assessment Inventory.

Telephone Interview Questions: A complete set of interview questions is provided to use in follow-up studies on samples of projects.

Technology Use Survey: A survey for teachers to assess technology access, use, benefits, impact on students, impact on teaching, and support resources.

Student Technology Use Survey: This survey is designed to assess student reactions to technology, instructional strategies, types of technology-based materials, and perceptions of the impact of technology on grades, performance, and interest in school.

2.0 Level I Model Technology School Projects:

Self-Assessment Inventory: A 30 page Self-Assessment Inventory that is to be completed by the Level MTS I Project staff members. Assessment items are categorized by: 1) background information, 2) planning, 3) content, 4) implementation, 5) support resources, 6) funding support, 7) supporting and impeding factors, 8) outcomes, 9) self-assessment summary, and 10) recommendations. This form will help to aggregate into a single standardized format all of the data and information collected by the MTS Research Coordinators and staff.

Teacher Survey: Assesses teacher perceptions of the impact of various aspects of the project.

Student Questionnaires: Assess student reactions to various applications of technology.

Interview Outline: Used on site visits to ensure standardization of information gathered

3.0 Level II Academic Model Technology School Projects:

Self-Assessment Inventory: Level II MTS projects complete this 37 page inventory to provide a standard set of data that can be analyzed and reported across the projects. As with the other self-assessment inventories, this form is to be completed by key project staff.

Academic Model Technology Schools Interview Inventory: This is an extensive inventory of interview items to be adapted to site visits or telephone interviews.

Evaluation Planning Matrix: This is a consumer guide to assist project staff in selecting assessment instruments to conduct school/district level intensive evaluations

Academic-Model Technology Program Adoption Survey - A survey to determine the degree of adoption of the Level II Project.

Adoption-Adaption Agreement Planning Form - A contract with the adopter and the Level II Project.

On-Site Evaluation Form - An interview form for evaluators to determine the degree of adoption of a Level II Project.

Portfolio Assessment Plan and Scoring Criteria - A form for projects to design and score portfolio assessments.

AMTEC Evaluation Planning Matrix - A matrix to assist projects to select instruments to assess student, staff, and program impact of the Level II Project.

Project Adoption Status Inventory - A record form to keep track of adoption sites and the specific activities adopted.

4.0 ITV Regional Agencies:

Self-Assessment Inventory: An ITV Self-Assessment Inventory was developed, extensively reviewed and field tested. These inventories have been completed by the seven agencies for the past two years. The inventories provide the necessary data so that standard information across agencies can be collected, analyzed and reported for this project and the data can be used for year-to-year comparisons.

Assessment of ITV and Media Services: . This survey is designed to assess the level of use and value placed on ITV agency services by the major clients of the agencies. The survey determines the perceived value of services provided by the media directors and their own programs to schools and districts.

Additional California-Specific CPB Survey Items: Items for a state-wide assessment of ITV utilization and use of ITV Agency services was developed to augment the National CPB Survey. These items could be adapted for future utilization surveys.

5.0 Software Development Projects:

Self-Assessment Inventory: A Software Development Self-Assessment Inventory has been developed and reviewed by software and video program evaluation experts. This Self-Assessment Inventory has been distributed and was completed by software development project staff. This form provides the necessary data so that standard information across projects can be collected, analyzed and reported.

Software User Survey: This survey was developed with advise from the directors of the software and video clearinghouses and is designed to assess teacher-reactions to the use, content, best applications, and student impact of technology-based programs.

6.0 CTP Consortia:

Self-Assessment Inventory: A CTP Self-Assessment Inventory was developed, extensively reviewed and field tested by selected consortia. The result was a 21 page inventory which was completed by the 14 consortia for each of two years. This form provides the necessary data so that standard information across the CTP consortia can be collected, analyzed and reported in the future by the regional consortia.

Assessment of Services: A survey to asses the use and impact of services and resources provided by the CTP Consortia. Users of CTP services complete the inventory.

Telephone Survey: A survey to obtain in-depth information from CTP staff about the implementation and perceived impact of CTP Consortia.

Staff Development Evaluation Form: This form was developed to be used by CTP Coordinators as a standard measure of the impact of staff development. It also includes a supplement to provide a profile of each workshop to include in the TRIE or other database.

Instrumentation Matrices

Relationship of the Evaluation Instruments to Evaluation Questions.

Matrices have been developed which list each of the instruments as Data Sources and show the level of emphasis each instrument focuses on for evaluation questions that were established for the study. A separate matrix was developed for each set of instruments that correspond to each of the six programs. Following the matrices are each of the inventories, templates, surveys and interview protocols found in this document.

Instrumentation Matrix:
1.0 School-Based Educational Technology Grants

● = Primary Emphasis
◐ = Secondary Emphasis
○ = Little or None

To What Extent...	Data Sources						
	Self-Assessment Inventories	Project Staff Interview Protocol	Teacher Interviews	Student Interviews	Project Records/ Proposals/Plans	Project Evaluation Reports	Student Records and Test Scores
1. Were the program outcomes attained? ★	●	●	●	○	◐	●	●
2. Were major activities implemented as planned? ★	●	○	○	○	◐	●	○
3. Were there changes in site-based planning for technology?	●	◐	○	○	○	●	○
4. Did the project support the state curriculum frameworks?	●	●	●	○	◐	●	◐
5. Was staff development that supported implementation provided? ★	●	●	●	○	○	●	○
6. Was project implementation coordinated with other programs? ★	●	◐	○	○	●	◐	○
7. Did the project improve the management of learning resources?	●	◐	●	○	○	◐	○
8. Did student performance (academic and affective) improve?	●	◐	○	○	○	○	●
9. Were there desired changes in instructional practices (teacher perf.)?	●	◐	●	○	○	○	○
10. Was implementation restricted and why?	●	◐	○	○	●	●	○
11. Was implementation supported or facilitated and why? ★	●	◐	○	○	●	●	○
12. Was there increased parent/home involvement?	●	◐	●	○	○	○	○
13. Was there dissemination of knowledge and/or products?	○	◐	○	○	○	○	○
14. Were unanticipated outcomes assessed? ★	●	○	●	○	○	○	○
15. Was there equal access for students, teachers, and administrators?	●	●	●	●	○	●	○
16. Did the project assist other schools to implement technology? ★	○	◐	○	○	○	○	○
17. Did new business and higher education partnerships result?	●	◐	○	○	○	●	○
18. Did the program implement the CDE goals and initiatives?	●	○	○	○	○	●	○
19. Did the program stimulate increased school planning/resource mgt.?	●	◐	○	○	○	○	○
20. Do teachers and administrators value the program(s)?	●	○	●	○	○	◐	○
21. Can the program be evaluated and show cost benefits?	●	●	○	○	○	●	○
22. Should the program be continued,discontinued, or expanded? ★	●	◐	◐	○	○	◐	○
23. Should the program/practice be disseminated? ★	◐	◐	○	○	○	●	○
24. Was assistance provided by the CTP? ★	●	●	○	○	○	○	○
25. Was assistance provided by the CDE? ★	●	●	○	○	○	○	○
26. Were technology applications continued after project funding ended? ★	○	○	○	○	○	○	○
27. Was information on the availability of funding distributed equitably★	○	○	○	○	○	○	○
28. Is there a relationship between reviewer score and implementation?★	●	○	○	○	●	○	○
29. Does the adaptation of MTS Level II practices effect implementation? ★	●	●	●	○	●	●	○

★ Added to questions required by the RFP

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Instrumentation Matrix:
2.0 Model Technology Schools (MTS Level I)

● = Primary Emphasis
◐ = Secondary Emphasis
○ = Little or None

To What Extent...	Data Sources							
	Self-Assessment Inventories	Project Staff Interview Protocol	Teacher Interviews	Student Interviews	Project Proposals/Plans	Project Evaluation Reports	Student Records and Test Scores	Visitor Survey
1. Were the program outcomes attained? ★	●	●	●	○	○	●	◐	○
2. Were major activities implemented as planned? ★	●	●	●	○	○	●	○	○
3. Were there changes in site-based planning for technology?	●	●	○	○	●	◐	○	○
4. Did the project support the state curriculum frameworks?	●	●	○	○	●	◐	○	●
5. Was staff development that supported implementation provided? ★	●	●	●	○	○	●	○	○
6. Was project implementation coordinated with other programs? ★	●	●	○	○	○	○	○	○
7. Did the project improve the management of learning resources?	●	●	●	○	○	○	○	○
8. Did student performance (academic and affective) improve?	●	○	●	◐	○	●	●	○
9. Were there desired changes in instructional practices (teacher perf.)?	○	●	●	○	○	●	○	○
10. Was implementation restricted and why?	●	●	○	○	○	◐	○	○
11. Was implementation supported or facilitated and why? ★	◐	◐	○	○	○	◐	○	○
12. Was there increased parent/home involvement?	○	◐	○	○	○	◐	○	○
13. Was there dissemination of knowledge and/or products?	●	●	◐	○	○	●	○	●
14. Were unanticipated outcomes assessed? ★	◐	●	◐	◐	◐	●	◐	◐
15. Was there equal access for students, teachers, and administrators?	○	◐	◐	○	◐	◐	○	○
16. Did the project assist other schools to implement technology? ★	●	●	○	○	○	●	○	●
17. Did new business and higher education partnerships result?	●	●	○	○	○	●	○	○
18. Did the program implement the CDE goals and initiatives?	◐	◐	◐	○	◐	●	○	◐
19. Did the program stimulate increased school planning/resource mgt.?	◐	◐	◐	○	○	◐	○	○
20. Do teachers and administrators value the program(s)?	◐	◐	●	○	○	●	○	○
21. Can the program be evaluated and show cost benefits?	○	◐	○	○	○	●	○	◐
22. Should the program be continued,discontinued, or expanded? ★	◐	◐	◐	○	○	◐	○	◐
23. Should the program/practice be disseminated? ★	◐	◐	◐	◐	◐	◐	◐	●
24. Was assistance provided by the CTP? ★	○	◐	○	○	○	○	○	○
25. Was assistance provided by the CDE? ★	○	●	○	○	○	○	○	○
26. Can MTS Level I projects provide policy guidelines?★	○	●	○	○	○	●	○	○
27. Are MTS applications of tech. cost-effective and of instructional value?★	●	●	○	○	○	○	○	◐
28. Do MTS projects provide models for curriculum integration?★	●	●	○	○	○	●	○	◐
29. Are the MTS projects effective vehicles for dissemination?★	○	◐	○	○	○	○	○	●
30. Are specific MTS dissemination approaches effective?★	○	●	○	○	○	○	○	●
31. Has technology enhanced school and district administration? ★	●	◐	○	○	○	○	○	○
32. Have MTS project disseminated successful programs and practices?★	◐	◐	○	○	○	○	○	●
33. Have schools adopted/adapted MTS -developed programs/practices?★	○	◐	○	○	○	○	○	◐

★ Added to questions required by the RFP

Instrumentation Matrix:
3.0 Academic-Technology Model Programs (MTS Level II)

● = Primary Emphasis
◐ = Secondary Emphasis
○ = Little or None

To What Extent...	Data Sources							
	Self-Assessment Inventories	Project Staff Interview Protocol	Teacher Interviews	Student Interviews	Project Proposals/Plans	Project Evaluation Reports	Student Records and Test Scores	School-Based Grant Data
1. Were the program outcomes attained? ★	●	●	●	○	○	○	○	○
2. Were major activities implemented as planned? ★	●	●	●	○	○	●	○	○
3. Were there changes in site-based planning for technology?	●	●	○	○	○	○	○	○
4. Did the project support the state curriculum frameworks?	●	●	●	○	○	○	◐	○
5. Was staff development that supported implementation provided? ★	●	●	●	○	○	◐	○	●
6. Was project implementation coordinated with other programs? ★	●	●	○	○	◐	○	○	●
7. Did the project improve the management of learning resources?	●	●	◐	○	○	◐	○	◐
8. Did student performance (academic and affective) improve?	○	●	○	◐	○	●	●	○
9. Were there desired changes in instructional practices (teacher perf.)?	◐	◐	●	○	○	◐	○	○
10. Was implementation restricted and why?	◐	●	◐	○	○	◐	○	◐
11. Was implementation supported or facilitated and why? ★	◐	●	◐	○	○	◐	○	◐
12. Was there increased parent/home involvement?	○	●	◐	○	○	◐	○	○
13. Was there dissemination of knowledge and/or products?	◐	◐	◐	○	○	◐	○	●
14. Were unanticipated outcomes assessed? ★	◐	◐	◐	◐	◐	◐	◐	◐
. Was there equal access for students, teachers, and administrators?	◐	◐	◐	◐	○	◐	○	○
16. Did the project assist other schools to implement technology? ★	●	●	○	○	○	◐	○	●
17. Did new business and higher education partnerships result?	◐	●	○	○	○	◐	○	○
18. Did the program implement the CDE goals and initiatives?	○	○	○	○	○	◐	○	○
19. Did the program stimulate increased school planning/resource mgt.?	●	●	○	○	○	○	○	◐
20. Do teachers and administrators value the program(s)?	◐	●	○	○	○	◐	○	●
21. Can the program be evaluated and show cost benefits?	◐	◐	○	○	○	◐	○	◐
22. Should the program be continued,discontinued, or expanded? ★	◐	◐	◐	○	○	◐	○	◐
23. Should the program/practice be disseminated? ★	◐	◐	◐	○	○	○	○	●
24. Was assistance provided by the CTP? ★	◐	◐	◐	○	○	○	○	◐
25. Was assistance provided by the CDE? ★	◐	◐	○	○	○	○	○	○
26. Have SBET projects adopted/adapted MTS Level II elements?★	○	◐	◐	○	○	◐	○	●
27. Are adoption sites obtaining similar results?★	◐	◐	◐	○	○	○	○	●
28. Are specific methods of dissemination effective?★	○	◐	◐	○	○	○	○	●
29. Does adopting an MTS Level II project effect SBET implementation?★	○	○	◐	○	○	○	○	●
30. Does adoption promote curriculum alignment and integration? ★	◐	◐	○	○	○	○	○	◐
31. Has the IBM equipment donation effected MTS Level II projects? ★	◐	◐	◐	◐	○	◐	○	◐

★ Added to questions required by the RFP

Instrumentation Matrix: 4.0 Instructional Television

● = Primary Emphasis
◐ = Secondary Emphasis
○ = Little or None

To What Extent...	Data Sources					
	Self-Assessment Inventories	Interview Protocol	CPB Teacher Survey	Project Proposals/Plans	Project Evaluation Reports	School-Based Grant Data
1. Were the program outcomes attained? *	●	●	●	○	◐	○
2. Were major activities implemented as planned? *	●	●	○	○	◐	○
3. Were there changes in site-based planning for technology?	○	○	●	○	◐	◐
4. Did the project support the state curriculum frameworks?	●	●	●	○	●	◐
5. Was staff development that supported implementation provided? *	●	●	●	○	◐	◐
6. Was project implementation coordinated with other programs? *	●	◐	○	○	◐	◐
7. Did the project improve the management of learning resources?	○	○	○	○	◐	○
8. Did student performance (academic and affective) improve?	○	○	◐	○	◐	◐
9. Were there desired changes in instructional practices (teacher perf.)?	◐	◐	◐	○	◐	○
10. Was implementation restricted and why?	○	○	○	○	◐	○
11. Was implementation supported or facilitated and why? *	◐	◐	○	○	◐	○
12. Was there increased parent/home involvement?	○	◐	◐	○	○	○
13. Was there dissemination of knowledge and/or products?	●	◐	○	○	○	○
14. Were unanticipated outcomes assessed? *	◐	◐	◐	◐	◐	◐
15. Was there equal access for students, teachers, and administrators?	◐	◐	◐	○	○	○
16. Did the project assist other schools to implement technology? *	◐	◐	◐	○	○	●
17. Did new business and higher education partnerships result?	◐	◐	○	○	◐	○
18. Did the program implement the CDE goals and initiatives?	◐	◐	○	○	○	○
19. Did the program stimulate increased school planning/resource mgt.?	◐	◐	○	○	○	○
20. Do teachers and administrators value the program(s)?	◐	◐	●	○	○	◐
21. Can the program be evaluated and show cost benefits?	◐	◐	◐	○	◐	○
22. Should the program be continued,discontinued, or expanded? *	◐	◐	●	○	○	○
23. Was assistance provided by the CTP? *	◐	●	○	○	○	◐
24. Was assistance provided by the CDE? *	◐	●	○	○	○	◐
25. Have ITV agencies assisted schools in implementing technology? *	◐	◐	●	○	○	◐
26. Are teachers aware of and utilizing ITV agency services? *	◐	◐	●	○	○	◐
27. Is ITV staff development coordinated with CTP and SB 1882 consortia? *	●	●	○	○	○	○
28. Are specific delivery systems for staff development effective? *	◐	●	●	○	○	○
29. Are specific methods effective for disseminating ITV practices? *	◐	◐	◐	○	○	◐
30. Do ITV agencies assist SBET grant development and implementation? *	◐	◐	○	○	○	●

* Added to questions required by the RFP

Instrumentation Matrix:
5.0 Software Development

● = Primary Emphasis
◐ = Secondary Emphasis
○ = Little or None

To What Extent...

	Data Sources				
	Self-Assessment Inventories	Interview Protocol	Teacher Surveys	Project Proposals/Plans	Project Evaluation Reports
1. Were the program outcomes attained? ★	●	●	◐	◐	●
2. Were major activities implemented as planned? ★	●	●	○	◐	○
3. Did the project support the state curriculum frameworks?	●	●	◐	◐	●
4. Was staff development that supported implementation provided? ★	●	●	●	◐	●
5. Was project developed coordinated with other programs? ★	●	●	●	◐	◐
6. Did student performance (academic and affective) improve?	●	●	◐	○	●
7. Were there desired changes in instructional practices (teacher perf.)?	●	●	●	○	◐
8. Was implementation restricted and why?	◐	◐	○	●	◐
9. Was implementation supported or facilitated and why? ★	◐	◐	○	●	◐
10. Was there dissemination of knowledge and/or products?	◐	◐	◐	◐	◐
11. Were unanticipated outcomes assessed? ★	◐	●	◐	◐	◐
12. Was there equal access for students, teachers, and administrators?	◐	◐	●	◐	◐
13. Did the project assist other schools to implement technology? ★	◐	◐	◐	○	◐
14. Did new business and higher education partnerships result?	●	●	○	○	●
15. Did the program implement the CDE goals and initiatives?	●	●	○	○	◐
16. Do teachers and administrators value the program(s)?	◐	◐	●	○	●
17. Can the program be evaluated and show cost benefits?	◐	◐	◐	○	●
18. Should the projects be continued,discontinued, or expanded? ★	●	●	○	○	●
19. Was assistance provided by the CDE? ★	●	●	○	●	●
20. Should the state continue to fund software development? ★	●	●	●	◐	●
21. Have there been educational benefits from software development?★	◐	●	◐	○	●
22. Have lessons been learned that could improve future projects?★	●	●	●	◐	●

★ Added to questions required by the RFP

Instrumentation Matrix:
6.0 California Technology Project

● = Primary Emphasis
◐ = Secondary Emphasis
○ = Little or None

To What Extent...

To What Extent...	Data Sources: Self-Assessment Inventories	Interview Protocol	CTP User Surveys	Project Proposals/Plans	Project Evaluation Reports	School-Based Grant Data
1. Were the program outcomes attained? *	●	●	○	●	●	◐
2. Were major activities implemented as planned? *	●	●	○	○	○	○
3. Were there changes in site-based planning for technology?	○	○	○	○	○	◐
4. Did the project support the state curriculum frameworks?	●	●	◐	○	○	○
5. Was staff development that supported implementation provided? *	●	●	●	○	○	◐
6. Was project implementation coordinated with other programs? *	●	●	◐	○	○	◐
7. Did the project improve the management of learning resources?	○	●	◐	○	○	○
9. Were there desired changes in instructional practices (teacher perf.)?	◐	◐	◐	○	○	○
10. Was implementation restricted and why?	●	●	◐	◐	◐	◐
11. Was implementation supported or facilitated and why? *	●	●	○	○	◐	○
13. Was there dissemination of knowledge and/or products?	●	●	◐	○	◐	◐
14. Were unanticipated outcomes assessed? *	◐	◐	◐	◐	◐	◐
15. Was there equal access for teachers and administrators?	◐	◐	◐	○	◐	◐
16. Did the project assist other schools to implement technology? *	○	◐	○	○	○	●
17. Did new business and higher education partnerships result?	●	●	○	○	●	◐
18. Did the program implement the CDE goals and initiatives?	◐	●	◐	○	○	◐
19. Did the program stimulate increased school planning/resource mgt.?	◐	◐	○	○	◐	◐
20. Do teachers and administrators value the program(s)?	◐	◐	●	○	○	◐
21. Can the program be evaluated and show cost benefits?	◐	◐	◐	◐	○	○
22. Should the program be continued,discontinued, or expanded? *	◐	◐	◐	◐	◐	◐
24. Was assistance provided by the CDE? *	◐	●	○	○	○	○
25. Has the CTP accomplished its major objectives? *	●	●	◐	●	●	◐
26. Has the CTP assisted in dissemination of MTS Level I and II projects? *	◐	●	◐	○	○	●
27. Are CSU and county office of education resources leveraged?*	●	●	○	○	○	○
28. Has CSUNet been used effectively for dissemination of information?*	●	●	●	○	◐	●
29. Has CTP assisted in SBET grant development and implementation?*	◐	◐	●	◐	◐	●
30. Has the CTP been coordinated with other regional services?*	●	◐	○	◐	◐	○

* Added to questions required by the RFP

Section 1

School-Based Educational Technology Project Assessment Instruments

- Self-Assessment Inventory
- Evaluation Report Template
- Telephone Interview Questions
- Technology Use Survey
- Student Technology Use Survey

FarWest
LABORATORY

To: AB 1470 School-Based Educational Technology Grant Recipients

From: John Cradler, Far West Laboratory JC

Subject: **State Required Project Self-Assessment and Evaluation Reporting**

Mandated Evaluation: The lack of systematic evaluation of the impact of technology projects that were supported by the AB 803 Adoption/Expansion Grant program, combined with a general desire for accountability on the part of the California Legislature, has made evaluation an important part of the projects funded under AB 1470, the Farr-Morgan-Quackenbush Educational Technology Act of 1989. AB 1470 **requires** the evaluation of the impact of project activities on teaching and learning and states that *"annual evaluation of the school-based adoption grants can serve as a useful tool for self-assessment, program improvements, and state level accountability and planning."*

Each project must submit an evaluation report to the California Department of Education within 30 days of the termination of the grant; ten percent of the grant funds will be withheld until an acceptable report has been submitted. An instrument known as the *School-Based Educational Technology Project Self-Assessment Inventory* has been developed by the statewide evaluation project that will gather the necessary information for the required evaluation.

The California Department of Education has determined that completion of the (enclosed) *School-Based Educational Technology Project Self-Assessment Inventory* will meet the requirement for an evaluation report.

In addition to meeting the state requirement for the evaluation report, the information will be used in the development of a statewide evaluation of the implementation and impact of the School-Based Educational Technology Projects. This and other evaluation information will provide the documentation needed by the legislature to guide new legislation for the future funding of educational technology in California.

Instructions: Enclosed are documents to assist you in meeting the final reporting requirements of your grant. These documents include the *Self Assessment Inventory*, and the *Guidelines and Template for the Optional Evaluation Report*.

A completed *Self-Assessment Inventory* is required by all grant recipients for each project site.

The completed inventories must be returned to *Far West Laboratory* by May 17, 1991. Far West Laboratory will notify the CDE as soon as the report is received. Upon receipt of the Inventory, the State will release the final ten percent of your grant funds. If you forsee any problem in meeting this deadline, contact John Cradler prior to May 17.

The enclosed *Guidelines and Template for the Optional Evaluation Report* is intended to serve as a guide for use in preparation of an optional narrative report. The narrative report is not a required, but is highly recommended for local recognition, support, and justification for future expansion of your project. Far West Laboratory and the CDE will not be collecting the narrative reports.

Assistance: John Cradler at the *Far West Laboratory* is available to provide assistance and answer questions as necessary. Contact John Cradler between 9:00 AM and 4:00 PM at (415) 565-3000.

Far West Laboratory For Educational Research and Development
730 Harrison Street San Francisco, CA 94107-1242 (415) 565-3000 FAX (415) 565-3012

BEST COPY AVAILABLE

SCHOOL-BASED EDUCATIONAL TECHNOLOGY PROJECT

SELF-ASSESSMENT INVENTORY

Far West Laboratory

The purposes of this Inventory are to: (1) answer important state policy-making questions, (2) fulfill the requirement for an end-of-project evaluation, and (3) create a database with information on each AB 1470 project which will be shared via CSUNet. Each project will receive a copy of the database of responses to this survey and will have access to additional information through CSUNet.

This Inventory has been developed to follow the evaluation format specified by the state and the *California Educational Technology Assessment Project* (CETAP). The questions are organized in a chronological sequence to stimulate responses regarding your project from inception through evaluation. The Inventory is divided into ten sections as follows:

I. Background Information
II. Planning
III. Content
IV. Implementation
V. Support Resources
VI. Funding Support
VII. Supporting and Impeding Factors
VIII. Outcomes
IX. Self-Assessment Summary
X. Recommendations

Instructions for Completing the Inventory

• **Who should complete the Self-Assessment Inventory?** The person with primary responsibility for implementing the project should gather the necessary information and complete the Inventory with input from the project committee and others directly involved in the project.

• **Where can the information and data be obtained?** Sources of data and information for completing this form are as follows: 1) input from staff participants in the project, 2) input from the planning committee, 3) the original project proposal, 4) school records, and 5) project evaluation data.

• **How are the questions to be answered?** Most of the information collected should be based on observations and perceptions of the staff members most involved with the project. Carefully review the Inventory and then go back and answer the questions as honestly as possible. It is important to be honest about all responses so that the information can be used to provide a valid assessment of School Based Educational Technology Projects throughout the state. Projects and schools will not be judged in any way from this information.

• **Do multi-school projects complete a form for each school?** Yes, because each school has its own Technology Use Plan. The projects are site-based and must be evaluated as separate projects. If you feel that your project is an exception, please call to discuss your concerns.

• **When is the inventory due?** The Inventory must be completed and returned **NO LATER THAN** _____.

• **Where is the completed Inventory to be mailed?** When the Inventory has been completed, it must be returned to the address below.

• **How can assistance be obtained?** If any questions or problems arise while completing this Inventory, please contact John Cradler, Program Director for Educational Technology and Policy at Far West Laboratory at the address/phone number below.

John Cradler	**Phone: (415) 565-3018**
Far West Laboratory	**FAX: (415) 565-3012**
730 Harrison Street	**AppleLink: K1686**
San Francisco, CA 94107-1242	**CSUNet: jcradle**

• **How is a report for local use to be prepared?** A template for completing a local report on the project is included as part of this packet. **This report is optional** but may be desirable in cases where the school wishes to apply for additional funds, obtain local support, and gain recognition for the accomplishments of the project. The *Template* is designed to correlate with the *Inventory* and will provide the needed guidelines and format for the report.

SECTION I: BACKGROUND INFORMATION

A. School Demographics

1. School:_____
   Address:_____
   City:_____ ZIP:_____
   District:_____
   County:_____

CDS CODE						
County Code		District Code				
School Code						

2. a. School contact person:_____ Title:_____ Ph:_____
   b. District contact person:_____ Title:_____ Ph:_____

3. Person responsible for completing this form:_____ Title:_____
   Ph:_____ Date:____/____/____

4. Current school enrollment (based on Fall 1991 CBEDS data): ..... #_____

5. Total number of teachers: ..... #_____

6. Total number of schools served by project: ..... #_____

7. School location (circle one):
   Rural 1
   Suburban 2
   Urban 3

8. School level (circle one):
   Elementary 1
   Middle/Junior High 2
   High.....3

9. Ethnic distribution of students:
   a. Asian ..... _____ %
   b. Black ..... _____ %
   c. Caucasian ..... _____ %
   d. Hispanic ..... _____ %
   e. Native American ..... _____ %
   f. Other: (Specify)_____ .. _____ %

B. Project Demographics

1. Project name:_____

2. Grades served by the project (circle): **K 1 2 3 4 5 6 7 8 9 10 11 12 Ungraded**

3. Actual number of students directly served by the project:..... #_____

4. Estimated number of additional students indirectly benefiting from the project: .....#_____

5. Out of the total number of students directly served by the project, estimate the percentage of the following targeted student populations:
   a. Bilingual .. _____%
   b. Chapter I .. _____%
   c. Chapter II.. _____%
   d. ESL..... _____%
   e. GATE ..... _____%
   f. ROP..... _____%
   g. Special Ed._____%
   h. Other..... _____%

6. Actual number of teachers directly involved in the project: ..... #_____

7. Estimate the number of teachers indirectly involved in the project: ..... #_____

8. Number of administrators assisting the project: ..... #_____

9. Number of others (volunteers, parents, etc) involved in the project: ..... #_____

SECTION II: PLANNING

A. Planning for Project Development

1. To what extent did the AB 1470 application process and related pre-planning increase emphasis on or facilitate the following activities? (circle the appropriate rating for each item below):

	Not at All		Moderately		Significantly
a. School-Based Technology Use Planning	1	2	3	4	5
b. District Technology Use Planning	1	2	3	4	5
c. Management of Learning Resources	1	2	3	4	5
d. Integration of Technology into the Curriculum	1	2	3	4	5
e. Coordination with other School Programs	1	2	3	4	5
f. Staff Development for Technology Use	1	2	3	4	5
g. Inclusion of Technology into the School Plan	1	2	3	4	5

2. To what extent did the application guidelines and forms assist in conceptualizing your proposal? (circle one): ..... Not at All 1 2 3 4 5 Moderately Significantly

3. To what extent does/did the AB 1470 School-Based Grant proposal serve as a "working document" to guide project implementation? (circle one): ..... Not at All 1 2 3 4 5 Moderately Significantly

4. Complete the table below as follows:
   - Circle **Y** if you used the source of assistance while completing your proposal, **N** if you did not or **n/a** if you were not aware of it or it was not available.
   - Rate the usefulness of the sources by circling the appropriate number.

Source of Assistance:	Used?			Usefulness: Not Useful		Moderately Useful		Very Useful
a. Teachers (mentor teachers, resource spec., etc.)	Y	N	n/a	1	2	3	4	5
b. Site Administrators	Y	N	n/a	1	2	3	4	5
c. District office staff	Y	N	n/a	1	2	3	4	5
d. Contractual consultant	Y	N	n/a	1	2	3	4	5
e. California Technology Project (CTP) staff	Y	N	n/a	1	2	3	4	5
f. County office of education staff	Y	N	n/a	1	2	3	4	5
g. Instructional Television (ITV) Agency workshop or assistance	Y	N	n/a	1	2	3	4	5
h. CTP workshop	Y	N	n/a	1	2	3	4	5
i. AB 1470 Telephone Hotline	Y	N	n/a	1	2	3	4	5
j. CSUNet information	Y	N	n/a	1	2	3	4	5
k. Level I Model Technology School Project	Y	N	n/a	1	2	3	4	5
l. Level II Academic Model Technology School Project	Y	N	n/a	1	2	3	4	5
m. Other:_____	Y	N	n/a	1	2	3	4	5

B. Planning for Project Implementation

1. Identify the group(s) that served as the planning committee for the project (circle all that apply):
   School Site Council 1
   Chapter I Committee 2
   Committee established specifically for the project 3
   Other (describe):_____ 4

2. Indicate the statement below that best describes the technology use plan (TUP) in your school (circle one):
   Technology use is written into existing School Improvement Plan. 1
   Technology use is written into existing Chapter I Plan. 2
   Technology use is written into the _____(specify) Plan. 3
   A separate TUP was developed. 4

3. To what extent does the school TUP correspond to the district TUP? (circle one):
   A district TUP does not exist. 1
   The school plan incorporates some district planning elements. 2
   The school plan closely supports the district plan. 3
   The school plan did not support the district plan. 4
   The school plan was not used 5

4. Rate the extent to which the project was coordinated with other programs at the school/district level (circle one for each item below):

	Not at All		Moderately		Significantly
a. SIP	1	2	3	4	5
b. School Site Council	1	2	3	4	5
c. Subject Matter Project	1	2	3	4	5
d. Chapter I	1	2	3	4	5
e. Bilingual/ESL	1	2	3	4	5
f. School-Based Coordinated Program	1	2	3	4	5
g. ROP	1	2	3	4	5
h. Special Education/RSP	1	2	3	4	5
i. GATE	1	2	3	4	5
j. SB 1274 "Planning to Plan" restructuring project	1	2	3	4	5
j. Other:_____	1	2	3	4	5

5. Describe the aspects of the planning process that were <u>most</u> beneficial to implementation of the project activities:

Description:

6. Describe the aspects of the planning process that were least helpful in implementing project activities:

Description:

7. To what extent was evaluation an integral part of the planning process (circle one): ..... Not at all 1 2 3 4 5 Moderately Significantly

8. To what extent did evaluation planning assist in project direction and guidance (circle one): ..... Not at all 1 2 3 4 5 Moderately Significantly

SECTION III: CONTENT

A. Areas of Focus

1. Indicate the major areas emphasized by the project (circle **M** if major emphasis, **S** if secondary emphasis, or **N** if no emphasis):

Curriculum Areas

a. English-Language Arts ..... M S N
b. History-Social Science ..... M S N
c. Mathematics ..... M S N
d. Science ..... M S N
e. Foreign Languages ..... M S N
f. Visual and Performing Arts ..... M S N
g. Health Education ..... M S N
h. Physical Education ..... M S N
i. Vocational Education ..... M S N
j. Other:_____ .. M S N

Process Areas

a. Critical thinking ..... M S N
b. Cooperative learning ..... M S N
c. Study Skills ..... M S N
d. Self-esteem ..... M S N
e. Interest/attitude ..... M S N
f. Other:_____ .. M S N

School-Wide Areas

a. General technology use ..... M S N
b. Technology in the curriculum ..... M S N
c. School restructuring ..... M S N
d. Professional development ..... M S N
e. School climate improvement ..... M S N
f. Other:_____ .. M S N

2. To what extent did the focus of the project match the needs of the school (circle one): ..... Not at all 1 2 3 4 5 Moderately Significantly

B. Technology Applications

1. Indicate the type(s) of technology <u>used in the project</u> (circle **M** if major emphasis, **S** if secondary emphasis, or **N** if no emphasis):

a. Computers	M	S	N
b. Laserdisc/Interactive Video	M	S	N
c. Instructional Television (ITV)	M	S	N
d. Cable television	M	S	N
e. Audio/video production (Video cameras, camcorders, editing equipment)	M	S	N
f. Satellite downlink for ITV reception/distance learning	M	S	N
g. LCD Panels, Video Projectors	M	S	N
h. CD-ROM	M	S	N
i. CD-I or CDTV	M	S	N
j. Technology for the handicapped (special keyboards, large print, etc.)	M	S	N
k. Science Lab Equipment (probes, microscopes, weather instruments, etc.)	M	S	N
l. Calculators	M	S	N
m. Audio tape	M	S	N
n. Telecommunications (telephone, modem, FAX)	M	S	N
o. Music (keyboards, MIDI interfaces, sound digitizers, audio equipment, etc.)	M	S	N
p. Networking of computers in classroom	M	S	N
q. Other: (describe)_____	M	S	N

2. To what extent has technology use has become more diverse as a result of the project (circle one): ..... Not at all **1** **2** Moderately **3** **4** Significantly **5**

3. Indicate the software type(s) <u>used by the project</u> (circle **M** if major emphasis, **S** if secondary emphasis, or **N** if no emphasis).

a. Word processing	M	S	N
b. Desktop publishing	M	S	N
b. Integrated Learning Systems (ILS)	M	S	N
c. Computer Assisted Instruction (CAI) System	M	S	N
d. Hypercard/Stacks	M	S	N
e. Graphics programs	M	S	N
f. Electronic encyclopedia, reference	M	S	N
g. Multimedia CD-ROM or videodisc used with computer	M	S	N
g. Database, spreadsheet, other business software	M	S	N
h. Music, voice, speech recognition	M	S	N
i. Programming (Basic, Pascal, C, LOGO, Fortran, etc.)	M	S	N
k. Other instructional software (Not CAI or ILS)	M	S	N
l. Telecommunications software	M	S	N
m. Computer Assisted Drafting (CAD)	M	S	N
m. Other: (describe)_____	M	S	N

4. List the five most widely-used software/video/laserdisc/CD-ROM titles for this project, and rate the effectiveness for each title in supporting the project's objectives:

> ***NOTE:*** *In order to rate the effectiveness of these products, we suggest that you ask for the assistance of those staff members who most frequently used them. This information will be added to the state evaluation database and shared among schools.*

Exact Title	Publisher	Type of Media* (circle)	Level Of Effectiveness (circle) None Moderate Significant
1.		S V L C	1 2 3 4 5
2.		S V L C	1 2 3 4 5
3.		S V L C	1 2 3 4 5
4.		S V L C	1 2 3 4 5
5.		S V L C	1 2 3 4 5

* Type of media: S = Software, V = Video, L = Laserdisc, C = CD-ROM

SECTION IV: PROJECT IMPLEMENTATION

A. Implementation Schedule

1. Planned starting date of the project (from proposal): ..... ___/___/___

2. Actual starting date (date that staff actually started implementing the project activities) ..... ___/___/___

3. If the actual starting date is different from the planned starting date, indicate the major factors that delayed implementation:

Factor(s):

4. To what extent were the original project activities implemented as planned? (circle one): ..... Not at all 1 2 3 4 5 Significantly

5. Rate the extent to which the project met its planned timelines/deadlines (circle one):
   - Not implemented 1
   - Behind schedule 2
   - On schedule 3
   - Ahead of schedule 4

6. What would be the ideal number of months to implement the project as planned ..... #_____

B. Modifications to Original Proposal Plan

1. Indicate the major changes from the original project plan in each of the following areas (circle the appropriate letter(s) for each):

	Number or Amount		Implementation	
Objectives:	more	less	delayed	changed
a. Student	M	L	D	C
b. Staff development	M	L	D	C
c. Learning resources management	M	L	D	C
d. Other:_____	M	L	D	C
Activities:				
e. Student	M	L	D	C
f. Staff development	M	L	D	C
g. Learning resources management	M	L	D	C
h. Other:_____	M	L	D	C
Participants:				
i. Grade levels	M	L		
j. Number of students	M	L		
k. Number of teachers	M	L		
l. Other:_____	M	L		
Purchases:				
m. Hardware	M	L	D	C
n. Software	M	L	D	C
o. Outside (consultant) resources	M	L	D	C
p. Other:_____	M	L	D	C
Budget:				
q. Distribution by category type			D	C
r. In-kind support	M	L		C
s. Other:_____	M	L	D	C

C. Staff Development and Technical Assistance

1. Rate the availability of the following resources (circle one for each item below):

Resources:	Used?			Usefulness				
				Not Useful		Moderately Useful		Very Useful
a. Administrative support and assistance	Y	N	n/a	1	2	3	4	5
b. Staff development opportunities	Y	N	n/a	1	2	3	4	5
c. Planning and implementation time	Y	N	n/a	1	2	3	4	5
d. Staff support and assistance	Y	N	n/a	1	2	3	4	5
e. Access to existing hardware at the school site	Y	N	n/a	1	2	3	4	5
f. Access to existing software/video programs at the school site	Y	N	n/a	1	2	3	4	5
g. Other (describe):_____	Y	N	n/a	1	2	3	4	5
h. Other (describe):_____	Y	N	n/a	1	2	3	4	5

2. Rate the extent to which the staff development activities matched the needs of the project (circle one): ..... Not at all 1 2 3 4 5 Significantly

3. Indicate the major sources of formalized staff development (circle all that apply):

District 1	ITV Agency 5
County office of education 2	None available 6
CTP 3	Other (specify):_____ .. 7
Consultant (non-district employee) 4	

5. Indicate the types of technical assistance received (circle all that apply):

Installation and operation of equipment 1	Evaluation assistance 5
Software selection 2	Finding resources 6
Technology integration 3	Other (specify):_____ .. 7
Problem solving/trouble shooting 4	

D. Evaluation Procedures

1. Complete the items below as follows:
   - Indicate the level of implementation for each evaluation activity by circling the appropriate letter:

N	=	Not initiated (but applicable)
P	=	Partially completed
C	=	Completed
n/a	=	Not Applicable

   - If the activity was implemented, rate its usefulness by circling the appropriate number:

Activity	Implementation				Usefulness				
					Not Useful		Moderately Useful		Very Useful
a. Attended a CTP-sponsored Evaluation Workshop	N	P	C	n/a	1	2	3	4	5
b. Prepared a formal (written) project evaluation plan	N	P	C	n/a	1	2	3	4	5
c. Assigned staff to conduct the evaluation	N	P	C	n/a	1	2	3	4	5
d. Conducted the evaluation as planned	N	P	C	n/a	1	2	3	4	5
e. Modified the original evaluation plan	N	P	C	n/a	1	2	3	4	5
f. Administered assessment instruments	N	P	C	n/a	1	2	3	4	5
g. Prepared report for local use	N	P	C	n/a	1	2	3	4	5
h. Other (describe):_____	N	P	C	n/a	1	2	3	4	5
i. Other:_____ .	N	P	C	n/a	1	2	3	4	5

2. To what extent did the project evaluation produce information that documented the project's effectiveness (impact, outcomes, overall) (circle one):. ..... Not at all 1 2 Moderately 3 4 Significantly 5

3. Was an assessment of your project included in....(circle all that apply):

Self Study (school-based self assessment, part of SIP)	1
Program Quality Review (PQR)	2
WASC reviews	3
Other (describe):_____	4
Site review assessment not conducted during project	5

If you circled any of choices 1 - 4 in Question 3, answer the following:

Briefly summarize the comments about the project included in the assessment (describe):
Which aspects of the project, if any, were cited as exemplars for your school (describe):

SECTION V: PROJECT SUPPORT RESOURCES

A. Services

1. If your program is and adoption or adaptation, indicate the model program(s) being adopted or adapted (circle all that apply):

Level I Model Tech. Schools		Level II Academic Tech. Model Projects	
Alhambra MTS	1	Project Links, Fullerton ESD	7
Cupertino/Fremont MTS Complex	2	Project Future, Ocean View ESD	8
Hueneme MTS	3	Carnegie Middle Sch. Hist-SS, San Juan USD	9
MTS, Bell Complex, LAUSD	4	Secondary Hist-SS, Santa Barbara HSD	10
Monterey MTS	5	Project TOPS, South San Francisco USD	11
Sacramento MTS	6	TASCII, Upland USD	12

2. If your project utilized the services of an ITV regional agency, indicate which agency was used (circle all that apply):

NITAC	1
KQED-ITV	2
Santa Clara County EMC-ITV	3
RETAC	4
KLCS (Los Angeles USD)	5
TOC-KOCE (Orange County)	6
San Diego County	7

3. To what extent were sufficient resources available to plan, develop and implement the project (circle one): ..... Not at all 1 2 3 4 5 Significantly

4. Complete the matrix below as follows:
   - Circle a letter to indicate the type(s) of services received from each source that you used.
   - Indicate the level of use by circling the appropriate number.
   - Rate the value of the service by circling the appropriate number.

	Type					Level of Use					Value				
Source of Service	Workshops	Individual assistance	Linking to other resources	Printed materials	Obtaining information	Never	Once	Two or three times	Intermittently	Regularly	Not useful	Slightly useful	Moderately useful	Useful	Very useful
Level I Model Technology School Project(s)	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
Level II Academic Model Tech. Projects(s)	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
CTP Consortium	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
ITV Agency	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
County Office of Education	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
District office assistance	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
Contract consultants	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
Technology Vendor(s)	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
Business/Industry	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
Teachers at project site	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5
Other:_____	A	B	C	D	E	1	2	3	4	5	1	2	3	4	5

B. California Technology Project Resources

The California Technology Project (CTP) consists of thirteen regional consortia that provide assistance to schools in developing and evaluating AB 1470 School-Based Grant projects as well as Technology Leadership Academies and other staff development.

1. Are you aware of the CTP and the services it provides? (circle one):
   Yes 1
   No 2

   If yes, answer the following questions.

2. Identify the CTP consortium that has sponsored activities in which you have participated (circle all that apply):

Central Valley Regional Consortium 1
Inland Technology Consortium 2
OCLA Technology Consortium 3
San Diego 4
El Camino Resource Council 5
San Gabriel Valley Educational Technology Consortium 6
Superior California Educational Technology Council (Super Tech) 7
North Coast Educational Technology Consortium 8
Sacramento Valley Regional Consortium 9
Central Coast 10
Bay Area Regional Consortium (BARC) 11
MOD Tech Consortium 12
Delta-Sierra Regional Consortium 13
Kern County 14

3. Complete the table below as follows:
   - Circle **Y** if you used the resource, **N** if you did not or **n/a** if you were not aware of it.
   - Rate the usefulness of the resource by circling the appropriate number for each item.

CTP Resource	Used?			Usefulness				
				Not Useful		Moderately Useful		Very Useful
a. AB 1470 Grant Preparation Workshops	Y	N	n/a	1	2	3	4	5
b. Technology Leadership Academy (TLA)	Y	N	n/a	1	2	3	4	5
c. Video teleconferences	Y	N	n/a	1	2	3	4	5
d. TRIE (CSUNet) electronic bulletin board	Y	N	n/a	1	2	3	4	5
e. Regional meetings	Y	N	n/a	1	2	3	4	5
f. Individual assistance (in person or phone)	Y	N	n/a	1	2	3	4	5
g. Evaluation handbook	Y	N	n/a	1	2	3	4	5
h. Other CTP Publications (specify):_____	Y	N	n/a	1	2	3	4	5
i. Other CTP Services (specify):_____	Y	N	n/a	1	2	3	4	5

SECTION VI: FUNDING SUPPORT

A. Funding Sources

1. Funding sources for technology *before* 1990 (circle all that apply):

AB 803 1
SIP 2
Lottery 3
Chapter I 4
Chapter II 5
Restructuring (SB 1274) 6
Business/industry 7
High School Staff Development (SB 1882) 8
Other:_____ .. 9

2. Total AB 1470 Grant funds received for the project: ..... $_____

3. Indicate the value of in-kind and direct cash support (other than AB 1470) received for your project (write in the dollar amount for each):

> ***NOTE:*** *In-kind support and direct cash support is above and beyond the AB 1470 grant funding amount. Funding support can range from the district donating staff time to a business providing cash or equipment to the project.*

a. School site ..... $_____
b. School district ..... $_____
c. School Improvement Program ..... $_____
d. Chapter I ..... $_____
e. Chapter II ..... $_____
f. Level I Model Technology Project ..... $_____
g. Level II Model Technology Project ..... $_____
h. Proposition 98 supplemental funds ..... $_____
i. Mentor Teacher Project ..... $_____
j. Lottery ..... $_____
k. College or University ..... $_____
l. California state grants ..... $_____
m. Federal grants ..... $_____
n. Private foundation grants ..... $_____
o. Community donations ..... $_____
p. Business/industry ..... $_____
q. Other:_____ ..... $_____
r. Other:_____ ..... $_____

4. To what extent did AB 1470 grant funding help generate additional project support (in-kind and/or cash donations) (circle one): ..... Not at all **1** **2** Moderately **3** **4** Significantly **5**

2. If the project will continue (to any extent) please fill in the estimated amounts that you anticipate receiving from each of the following sources that apply:

a. School site ..... $_____
b. School district ..... $_____
c. School Improvement Program ..... $_____
d. Chapter I ..... $_____
e. Chapter II ..... $_____
f. Level I Model Technology Project ..... $_____
g. Level II Model Technology Project ..... $_____
h. Proposition 98 supplemental funds ..... $_____
i. Mentor Teacher Project ..... $_____
j. Lottery ..... $_____
k. College or University ..... $_____
l. California state grants ..... $_____
m. Federal grants ..... $_____
n. Private foundation grants ..... $_____
o. Community donations ..... $_____
p. Business/industry ..... $_____
q. Other:_____ ..... $_____
r. Other:_____ ..... $_____

2. If the project will continue (to any extent) please fill in the estimated amounts that you anticipate receiving from each of the following sources that apply:

a. School site ..... $_____
b. School district ..... $_____
c. School Improvement Program ..... $_____
d. Chapter I ..... $_____
e. Chapter II ..... $_____
f. Level I Model Technology Project ..... $_____
g. Level II Model Technology Project ..... $_____
h. Proposition 98 supplemental funds ..... $_____
i. Mentor Teacher Project ..... $_____
j. Lottery ..... $_____
k. College or University ..... $_____
l. California state grants ..... $_____
m. Federal grants ..... $_____
n. Private foundation grants ..... $_____
o. Community donations ..... $_____
p. Business/industry ..... $_____
q. Other:_____ ..... $_____
r. Other:_____ ..... $_____

SECTION VII: SUPPORTING AND IMPEDING FACTORS

A. School Factors

1. Indicate the extent to which the following school factors affected planning, implementation, and outcomes of the project. Some factors can be either positive or negative – i.e. low student attrition could support implementation while high student attrition could impede implementation. (circle one for each item)

	Greatly Impeded			No Effect			Greatly Supported
Student Factors							
a. Student attrition	-3	-2	-1	0	+1	+2	+3
b. Student academic proficiency	-3	-2	-1	0	+1	+2	+3
c. Student motivation	-3	-2	-1	0	+1	+2	+3
d. Student interest in technology use	-3	-2	-1	0	+1	+2	+3
Staff Factors							
e. Staff attrition	-3	-2	-1	0	+1	+2	+3
f. Staff morale	-3	-2	-1	0	+1	+2	+3
g. Staff interest in technology use	-3	-2	-1	0	+1	+2	+3
h. Support staff	-3	-2	-1	0	+1	+2	+3
i. Availability of substitutes	-3	-2	-1	0	+1	+2	+3
Administrative Factors							
j. District administrative leadership and interest	-3	-2	-1	0	+1	+2	+3
k. School administrative leadership and interest	-3	-2	-1	0	+1	+2	+3
General Factors							
l. Class size	-3	-2	-1	0	+1	+2	+3
m. Geographic location of school	-3	-2	-1	0	+1	+2	+3
n. Parent involvement and input	-3	-2	-1	0	+1	+2	+3
o. Prior technology use in the school	-3	-2	-1	0	+1	+2	+3
p. Physical environment (electrical wiring, furniture, space, etc.)	-3	-2	-1	0	+1	+2	+3
q. Community interest in technology	-3	-2	-1	0	+1	+2	+3
r. Other school programs	-3	-2	-1	0	+1	+2	+3
s. Other (describe):_____	-3	-2	-1	0	+1	+2	+3
t. Other:_____	-3	-2	-1	0	+1	+2	+3

2. Describe the school factors that most supported the project:

Description:

3. Describe the school factors that most impeded the project:

Description:

B. Project Factors

1. Indicate the extent to which the following project factors affected planning, implementation, and outcomes of the project. Some factors can be either positive or negative – i.e. adequate time for planning could support implementation while insufficient time for planning could impede implementation. (circle one for each item)

	Greatly Impeded			No Effect			Greatly Supported
Planning Factors							
a. Proposal preparation	-3	-2	-1	0	+1	+2	+3
b. Amount of time available for planning	-3	-2	-1	0	+1	+2	+3
c. Technology use planning process	-3	-2	-1	0	+1	+2	+3
d. Development of technology use plan	-3	-2	-1	0	+1	+2	+3
e. Adoption or adaptation of a "model" program	-3	-2	-1	0	+1	+2	+3
Staff Support Factors							
f. Technical support	-3	-2	-1	0	+1	+2	+3
g. Committee involvement	-3	-2	-1	0	+1	+2	+3
h. Administration support	-3	-2	-1	0	+1	+2	+3
i. Regional service support	-3	-2	-1	0	+1	+2	+3
j. Staff development	-3	-2	-1	0	+1	+2	+3
k. Project staff involvement	-3	-2	-1	0	+1	+2	+3
Funding Factors							
l. Overall funding level	-3	-2	-1	0	+1	+2	+3
m. District financial support	-3	-2	-1	0	+1	+2	+3
n. District in-kind support	-3	-2	-1	0	+1	+2	+3
o. State funding level	-3	-2	-1	0	+1	+2	+3
Evaluation Factors							
p. Evaluation of student outcomes	-3	-2	-1	0	+1	+2	+3
q. Evaluation of staff outcomes	-3	-2	-1	0	+1	+2	+3
Learning Resource Factors							
r. Access to equipment	-3	-2	-1	0	+1	+2	+3
s. Access to additional resources	-3	-2	-1	0	+1	+2	+3
t. Computer hardware	-3	-2	-1	0	+1	+2	+3
u. Computer software	-3	-2	-1	0	+1	+2	+3
v. Video equipment/ITV resources	-3	-2	-1	0	+1	+2	+3
w. Video programs	-3	-2	-1	0	+1	+2	+3
x. Vendor support	-3	-2	-1	0	+1	+2	+3
y. Other (describe):_____	-3	-2	-1	0	+1	+2	+3
z. Other:_____	-3	-2	-1	0	+1	+2	+3

2. Describe the project factors that most supported the project:

Description:

3. Describe the project factors that most impeded the project:

Description:

4. Indicate the adequacy of AB 1470 funding for the project (circle one):
   Not possible to implement with this amount of funding 1
   Insufficient, but can be implemented 2
   Adequate funding for implementation 3

5. To what extent would this project have been developed and implemented if the AB 1470 funding had not been provided?

   Not at all 1
   Partially 2
   Fully Implemented 3

SECTION VIII: PROJECT OUTCOMES

A. Student Outcomes

1. For each of the following categories, rate the observed change among students participating in instructional activities of this project (circle one for each item below; circle **n/a** if item does not relate to your project):

To what extent has the project INCREASED students'...	Level of Increase					
	Not at all		Moderately		Significantly	
a. Attendance/punctuality	1	2	3	4	5	n/a
b. Interest in technology use	1	2	3	4	5	n/a
c. Frequency of technology use	1	2	3	4	5	n/a
d. Proficiency in the use of technology	1	2	3	4	5	n/a
e. Classroom behavior and study skills	1	2	3	4	5	n/a
f. Problem-solving and higher order thinking skills	1	2	3	4	5	n/a
g. Knowledge and skills for subject areas emphasized by the project	1	2	3	4	5	n/a
h. Interest in school	1	2	3	4	5	n/a
i. Report card grades	1	2	3	4	5	n/a
j. Achievement test scores	1	2	3	4	5	n/a
k. Quality of student work completed	1	2	3	4	5	n/a
l. Student initiative	1	2	3	4	5	n/a
m. Other (describe):_____	1	2	3	4	5	n/a

2. For each area where **4** or **5** was circled in Question 1, elaborate on the student change and how the project contributed to the change.

Item letter from Question 1	Describe the student change and how the project contributed to the change

3. Considering the overall funding and effort of the project, indicate the statement below that best represents the project team's assessment of student benefits (circle one):

Benefits were clearly not worth the effort 1
Some benefits for students were attained but could have been accomplished in other more cost-effective ways 2
Moderate benefits for students were attained that probably could not have been attained without the project 3
Important benefits for students were attained and the effort was clearly worth it 4

B. Staff Outcomes

1. For each of the following categories, rate the observed change among teachers participating in instructional activities of the project (circle one for each item below; circle **n/a** if item does not relate to your project):

To what extent has the project INCREASED teacher ability to:	Level of Increase: Not at all		Moderately		Significantly	
a. Expand use of resources beyond textbook and other curriculum materials	1	2	3	4	5	n/a
b. Develop concepts/understanding not otherwise possible to teach	1	2	3	4	5	n/a
c. Encourage problem-solving and critical thinking	1	2	3	4	5	n/a
d. Support student-centered learning	1	2	3	4	5	n/a
e. Make teaching more interesting	1	2	3	4	5	n/a
f. Provide interactive experiences with colleagues	1	2	3	4	5	n/a
g. Provide interactive experiences with students	1	2	3	4	5	n/a
h. Provide simulation experiences	1	2	3	4	5	n/a
i. Gain confidence in their own technology use	1	2	3	4	5	n/a
j. Integrate technology into the curriculum	1	2	3	4	5	n/a
k. Evaluate an educational technology program	1	2	3	4	5	n/a
l. Other (describe):_____	1	2	3	4	5	n/a

2. For each area where **4** or **5** was circled in Question 1, elaborate on the change and how the project contributed to the change.

Item letter from Question 1	Describe the change and how the project contributed to the change

3. Rate the degree to which the project led to increased staff usage of technology in the classroom (circle one): ..... Not at all **1** **2** Moderately **3** **4** Significantly **5**

4. Considering the overall funding and effort of the project, indicate the statement below that best represents the project team's assessment of teacher benefits (circle one):

   Benefits were clearly not worth the effort 1
   Some benefits for teachers were attained but could have been accomplished in other more cost-effective ways 2
   Moderate benefits for teachers were attained that probably could not have been attained without the project 3
   Important benefits for teachers were attained and the effort was clearly worth it 4

C. Program Outcomes

1. For each of the following categories, rate the observed school-wide changes attributable to the project (circle one for each item below; circle n/a if item does not relate to your project):

To what extent has the project INCREASED	Level of Increase					
	Not at all		Moderately		Significantly	
a. The management and coordination of learning resources	1	2	3	4	5	n/a
b. Staff familiarity with the California Curriculum Frameworks	1	2	3	4	5	n/a
c. Staff use of the California Curriculum Frameworks	1	2	3	4	5	n/a
d. Institutionalization of technology at the school site	1	2	3	4	5	n/a
e. Inclusion of technology in the School Improvement Plan (SIP) or School Development Plan (SB 1882)	1	2	3	4	5	n/a
f. Community/parent involvement with school activities	1	2	3	4	5	n/a
g. School/home communication	1	2	3	4	5	n/a
h. Business/industry partnerships	1	2	3	4	5	n/a

2. For each area where **4** or **5** was circled in Question 1, elaborate on the change and how the project contributed to the change.

Item letter from Question 1	Describe the change and how the project contributed to the change

D. Unanticipated Outcomes

What were the surprises or important learnings that you did not expect when you began this project? Describe the unanticipated outcomes or findings for each of the following categories:

a. Students:
b. Staff:
c. Program:
d. Other:

E. Promising Practices and Products

1. Were there any instructional procedures, practices, or products that warrant consideration for continuation and/or dissemination to other classrooms or schools? (circle one):

   Yes 1
   No 2

   If yes, use the space below to describe specific promising products, practices and/or processes that directly resulted from this project.

Products:
Practices:
Processes:

1. Would you be willing to share the items listed above via the TRIE electronic bulletin board or other means? (circle one):

   Yes 1
   No 2

SECTION IX. RECOMMENDATIONS

Review all information gathered with this inventory (as well as all other available information relevant to the project) and use the space below to make one or more recommendations regarding the future of the project:

SCHOOL-BASED EDUCATIONAL TECHNOLOGY PROJECT
Guidelines and Template for the Optional Narrative Evaluation Report

Far West Laboratory

• ***Beneficial Uses of an Evaluation Report:*** As the cover letter explained, the only evaluation requirement is the completion of the *School-Based Educational Technology Project Self-Assessment Inventory*. The development of a narrative report is optional.

The narrative report is recommended and can be used to:

1. Gain recognition for the accomplishments of the project.
2. Describe and publicize the desired outcomes and promising practices produced by the project.
3. Report desired student, staff, and school improvements that resulted from the project and how each occurred.
4. Justify requests for additional funds from private foundations, school and/or district budgets, state and federal grants, and business and industry partnerships.
5. Promote support for the project from school, district, board, community and legislature.
6. Stimulate local and state interest in continuing or expanding the project

• **The Evaluation Report Template.** The template for the end-of-project evaluation report provides the format for the report. It is designed so that when completed and edited it can be adapted to become the actual report. The format or template for the evaluation report is divided into ten major categories with subtopics that parallel those in the *Self-Assessment Inventory* as listed below:

I. Background Information
II. Planning
III. Content
IV. Implementation
V. Support Resources
VI. Funding Support
VII. Supporting and Impeding Factors
VIII. Outcomes
IX. Self-Assessment Summary
X. Recommendations

- **Steps for completion of the optional narrative report:**

1. Involve the project committee and staff participants in data collection and report preparation.

2. Review and analyze data collected as part of the project evaluation plan.

3. Complete the *School Based Educational Technology Project Self-Assessment Inventory* according to the instructions provided with the *Inventory*. The *Inventory*, will serve as a primary source of information and data for the report.

4. Refer to the Template on the following pages of this document. If a Macintosh computer with Microsoft Word is available, obtain the Template disk from Far West Laboratory. Use the Template categories as the report format and adapt the sample paragraphs as desired.

5. Review the *Template* that follows. Note that each of the reporting categories corresponds to a category of information in the *School-Based Educational Technology Project Self-Assessment Inventory*.

6. Using the data you have collected in the *Inventory*, prepare the narrative report as follows:

   a. Enter the name of the school, principal, district, school, mailing address, contact person, and telephone number.

   b. Edit the paragraphs that introduce the report and each of the ten sections.

   c. Complete the subtopics in each of the sections by consulting the information collected in the *Inventory*.

   d. Prepare tables, diagrams, and graphs when appropriate to visually present the data discussed in the narrative.

   e. Use a word processor (Microsoft Word) to enter the narrative in each box. Prepare concise statements with minimal educational and technological jargon.

7. Draft the report

8. Review the draft report with the project committee and school staff and make necessary changes.

9. Copy and submit the report to appropriate stakeholders such as district administrative personnel, board members, community members, potential funding agencies, etc.

Evaluation Report Template

Evaluation Report

School-Based Educational Technology Project

Funded by the California Department of Education through the provisions of AB 1470

Project Title (if any):
School:
Principal:
Contact Person:
District:
Address:
City: CA Zip:
Telephone: ( )

(Sample Introduction) This report provides a description of the implementation and evaluation findings of the _____project at _____School. The project was funded by an AB 1470 School Based Educational Technology Grant awarded for the _____ school year. The report was prepared by the project staff in collaboration with the school planning committee and others directly and indirectly involved in the development and implementation of the project. The report is organized into ten sections that include: *I. Background, II. Planning, III. Project Content, IV. Project Implementation, V. Support Resources, VI. Funding Support, VII. Supporting and Impeding Factors, VII Outcomes, IX. Summary,* and
X. Recommendations for Program Improvement.

Section I: Background

An overall understanding of the school and project demographics provides the context for interpreting the project findings and other information provided in this report. The following provides a brief description of the school and project demographics as well as a concise description of the project.

A. School Demographics

B. Project Demographics

C. Project Description

Section II: Planning

The successful implementation and maintenance of a project requires careful planning at the school site with the involvement of teachers and other staff members. The items in this section describe the planning and development phase, the role and extent of involvement of the planning committee, and a brief summary of changes to the project.

A. Planning for Project Development

B. Planning for Project Implementation

C. Modifications to the Original Proposed Plan

Section III: Project Content

This section describes the curriculum and content areas targeted by the project. The adoption, if any, of existing exemplary programs and practices, as well as the specific applications of technology to enhance the emphasized content areas are also discussed.

A. Areas of Focus

B. Technology Applications

Section IV: Project Implementation

A knowledge of the degree of completion of project activities is essential to understanding the final outcomes of the project. This section describes the three major project activities (Learning Resources Management, Staff Development, and Evaluation) in relationship to scheduling and extent of implementation achieved.

A. Schedule of Implementation

B. Learning Resources Management

C. Staff Development and Technical Assistance

D. Evaluation Procedures

E. Extent of Implementation

Section V: Support Resources

Encouragement and support resources provided by the school, district, and regional agencies are critical factors that influence the success or failure of any project. Without support, projects cannot be fully implemented and be expected to produce the desired outcomes. This section describes services used while planning and implementing the project, including regional California Technology Project services, and the extent to which evaluation resources were utilized.

A. Services

B. California Technology Project Services

C. Evaluation Resources

C. Evaluation Reporting

Section VI: Funding Support

The availability of sufficient funding is critical to most projects. Much of the funding may come from the local school or district as it is leveraged by the funding provided by the state. This section describes the sources of funding that were obtained for this project, how the funding was used, and future sources of funding that may be obtained to continue the project after termination of state funding.

A. Funding Sources

B. Project Expenditures

C. Anticipated Future Funding

VII: Supporting and Impeding Factors

There are factors that support, and likewise impede, the successful implementation of project goals and objectives. As a result, outcomes of the project may exceed, meet, or fall short of expectations. This section portrays the relationship of supporting/impeding factors to the attainment of the final outcomes.

A. School Factors

B. Project Factors

VIII: Project Outcomes

This section summarizes evaluation findings including outcomes for students, staff, and the school program. Outcomes may range from increases in student performance to changes in instructional methodology resulting from the intervention of the project. This section also lists those practices and/or products that should be targeted for continuation following termination of the project.

A. Student Outcomes

B. Staff Outcomes

C. Program Outcomes

D. Unanticipated Outcomes

E. Promising Practices and Products

IX: Summary Self-Assessment

This section describes overall ratings by the project staff in fourteen areas directly responsible for the success of the project.

X: Recommendations

A careful analysis of a project yields recommendations based on the quantitative and qualitative findings of the project. Recommendations serve to guide the school and district staff in planning the project's future, highlighting project elements that should be maintained and/or expanded with future funding.

SCHOOL-BASED EDUCATIONAL TECHNOLOGY GRANTS

TELEPHONE INTERVIEW QUESTIONS

Far West Laboratory **March 1991**

School_____ District _____ Region_____

Contact Person_____ Phone (___)_____

Date of Interview___/___/___ Time_____ CDS Code_____

Person Conducting Interview_____

A. Assemble and review the following information prior to conducting interview: project grant proposal, database record, School-Based Educational Technology Project Rating Sheet.

B. Verify receipt of Self-Assessment Inventory. What is the current status of the inventory (working on, completed, who is filling out, will it be completed on time, etc.)?

C. Interview Questions

1. Planning

- Why did your school apply for this grant?

- Describe the planning process that took place with your project.

- How has planning for this project been incorporated into the existing school-based planning process? (give examples that demonstrate how educational technology has been incorporated into the school plan as an educational strategy)

- Describe how the project was integrated with other school/district(s) initiatives (i.e., Chapter 1, SIP, SB 1882 (High School only), Special Education, Vocational Education, School-based Planning, etc.)

2. Curricular Alignment

- Describe how your project contributed to curriculum alignment in the areas of:
  - Student needs

  - Staff needs

  - Program needs

3. Implementation

- Describe what has been accomplished in the areas of:
  - Staff development

  - Resource management (both existing and purchased)

  - Management and support of project

4. Project Objectives

- Describe the outcomes of the project. How was each measured?

- Describe specifically the impact of the project on:
  - Students: Changes in student performance, attitude, and motivation directly attributed to the project

  - Teachers: Changes in teaching style and strategies which can be directly attributed to the project

  - Parents: Reaction and/or involvement in the school or in their child's education which can be directly attributed to the project

- Business Partnerships: Were any developed, expanded, or lost as a result of the project?

- Describe changes that have occurred in the school such as scheduling, staff roles, classroom environments, etc., as a result of the project

5. Activities

   - Describe the major activities implemented. Was your timeline followed - i.e., What didn't get done, what did you do in addition to what was originally planned?

6. Evaluation

   - Describe the project evaluation plan and the evaluation activities that were completed.

   - Summarize the evaluation findings for:
     - Pupil performance/attitudes/behaviors

     - Staff development

     - Management of learning resources

   - What restricting factors did you find that impeded the efficient, effective use of technology?

   - Did you or any one from the project attend a CTP workshop?

   - Did you collect any samples of student work? Describe. (Please mail copies of samples collected)

7. Staff resources

   - Describe the adequacy of support given the project in terms of staffing, management, and time.

   - What were the major roles of staff members?

   - Was there enough time allocated to implement the project as planned?

   - Were the key players involved throughout the project, and how?

8. Funding

   - Did you have enough funding to adequately implement your project? Why or why or not?

   - From what sources did you receive revenues and /or in-kind support? Describe.

9. AB 1470 Resources

   - Did you adopt or adapt any portion of a Level I or II project - describe all resources of theirs used.

   - Did you utilize the services of an ITV agency? Describe all services of theirs you used.

   - Did you utilize the services of the California Technology Project (CSUNET, workshops, evaluation handbook, etc.)? Describe all services of theirs you used.

   - Which of the above services were useful? Why?

- Do you have any recommendations about which of the above service agencies should be continued with state funding? Describe.

- Did you use any other outside resources, i.e., local colleges etc.? Describe. What was their usefulness to your project?

10. Impact on Other Projects/Reviews

- Did your school apply for an AB 1274 School Restructuring Planning Grant? Why or why not?

  If yes, describe how the AB 1470 project was addressed in the SB 1274 proposal.

- Summarize any findings or references to the technology project in your school; self study, PQR, or WASC reports.

  If reference was made, would you photocopy relevant sections and mail them to use (give address and determine date for completion)

11. Conclusions

- Have there been any surprises or unanticipated findings? What were they?

- Were there any factors that especially supported or impeded your project? What were they? Why were they a support or impediment?

- What would you do differently next time?

- Do you have any additional comments or recommendations about your project or the School-Based Educational Technology Grant program?

- Do you think your project has merit? Why?

- Would you recommend that other schools utilize your model? Why? Which components?

D. Inventories: Students and Teachers (representative cross-sampling)

- Discuss the inventories and obtain the number of teachers/students to be surveyed.

  Number of teachers_____ Number of students_____

  Number of Classess_____ Which grades_____

- Arrange for the administration and return of the surveys by the contact person.

  Deadline date for return_____

E. Project Rating

- After the interview is concluded, rate the project using the 200 point scale (Note: Categories on this questionnaire correspond to questions on the rating sheet).

SCORE_____

SCHOOL-BASED EDUCATIONAL TECHNOLOGY GRANTS

TECHNOLOGY USE SURVEY

Far West Laboratory

School_____ District _____

Teacher Name_____ Phone (____)_____

This survey is designed to determine your reactions to the AB 1470 Educational Technology Project at your school. Your honest responses to these questions will be appreciated.

I. Background

1. Subjects taught (circle all that apply):

   Multiple subjects (elementary level) 1
   English-Language Arts 2
   History-Social Science 3
   Mathematics 4
   Science 5
   Foreign Languages 6
   Visual and Performing Arts 7
   Health Education 8
   Physical Education 9
   Vocational Education 10
   Special Education 11
   Computer Education 12

2. Grades taught (circle all that apply): **K 1 2 3 4 5 6 7 8 9 10 11 12**

3. Involvement in AB 1470 project (circle one):

   Directly 1
   Indirectly 2
   Not at all 3

II. Access and Use of Technology

1. Rate the accessibility of the following equipment and your level of use (circle one for each item in each category):

Equipment	Availability in Classroom					Level of use				
	Not at all		Moderate		Excellent	Not at all				Often
a. Computer	1	2	3	4	5	1	2	3	4	5
b. TV/Monitor for ITV	1	2	3	4	5	1	2	3	4	5
c. VCR	1	2	3	4	5	1	2	3	4	5
d. Laserdisk	1	2	3	4	5	1	2	3	4	5
e. CD-ROM	1	2	3	4	5	1	2	3	4	5
f. LCD display panel	1	2	3	4	5	1	2	3	4	5
g. Other:_____	1	2	3	4	5	1	2	3	4	5

III. School use of technology and benefits

1. Does your school include technology use in its School Improvement (or other) Plan (circle one):
   Yes 1
   No 2
   Not sure 3

2. Have you been involved in planning for technology use at your school (circle one):
   Yes 1
   No 2

Briefly describe your involvement:

3. To what extent did the AB 1470 grant in your school increase emphasis on or facilitate the following activities (circle the appropriate rating for each item below):

	Not at all		Moderately		Significantly
a. School-Based Technology Use Planning	1	2	3	4	5
b. District Technology Use Planning	1	2	3	4	5
c. Management of Learning Resources	1	2	3	4	5
d. Integration of Technology into the Curriculum	1	2	3	4	5
e. Use of technology in other School Programs	1	2	3	4	5
f. Staff Development for Technology Use	1	2	3	4	5
g. Inclusion of Technology into the School Plan	1	2	3	4	5

4. Indicate the importance or value that you place on the use of technology to support the instructional program(circle the appropriate rating for each item below):

	None		Moderate		Significant
a. Computer technology	1	2	3	4	5
b. Instructional Television & Video	1	2	3	4	5
c. Multimedia (e.g. computer and video together)	1	2	3	4	5
d. Other:_____	1	2	3	4	5

5. Indicate the level of importance or value that each of the following individuals place on the use of technology to support the instructional program.(circle the appropriate rating for each item below):

	None		Moderate		Significant
Teachers					
a. Computer technology	1	2	3	4	5
b. Instructional Television &Video	1	2	3	4	5
c. Multimedia (e.g. computer and video together)	1	2	3	4	5
d. Other:_____	1	2	3	4	5
Parents					
a. Computer technology	1	2	3	4	5
b. Instructional Television &Video	1	2	3	4	5
c. Multimedia (e.g. computer and video together)	1	2	3	4	5
d. Other:_____	1	2	3	4	5
Students					
a. Computer technology	1	2	3	4	5
b. Instructional Television &Video	1	2	3	4	5
c. Multimedia (e.g. computer and video together)	1	2	3	4	5
d. Other:_____	1	2	3	4	5
Administrators					
a. Computer technology					
b. Instructional Television &Video	1	2	3	4	5
c. Multimedia (e.g. computer and video together)	1	2	3	4	5
d. Other:_____	1	2	3	4	5

	Not at all		Moderately		Significantly
6. Indicate the extent to which you feel your school has benefitted from the AB 1470 project (circle one):	1	2	3	4	5

	Not at all		Moderately		Significantly
7. Indicate the extent to which adequate funding existed for technology use in your school before it received the AB 1470 grant (circle one):	1	2	3	4	5

IV. Student Impact

1. Indicate the degree to which you believe technology causes an increase in the following student behaviors (circle one for each item):

	Not at all		Moderately		Significantly
a. Attendance at school/classes	1	2	3	4	5
b. Completion of classroom assignments	1	2	3	4	5
c. Student academic performance	1	2	3	4	5
d. Abilities to problem solve	1	2	3	4	5
e. Interest in school	1	2	3	4	5
f. Time engaged in assigned work	1	2	3	4	5
g. Initiative and proactivity	1	2	3	4	5
h. Working together collaboratively in groups	1	2	3	4	5

2. Think about your whole class (focus on one class if secondary). Do you feel that report card grades have improved as a result of technology use (circle one):

Yes 1
No 2
Not sure 3

3. If you answered yes above, estimate the percentage of students in your class that improved their grades (by at least one or more full grade points) as a result of technology use (write in percentage): ..... % _____

4. Think of a particular student in your class that improved his/her grade as a result of technology use. Describe briefly the "story" of this student: what made the difference, what does the student do now that wasn't done before etc.:

Describe:

V. Teacher Impact:

1. Indicate the degree to which you believe technology causes an increase in a teacher's abilities and interest for each of the following (circle on for each item):

	Not at all		Moderately		Significantly
a. Developing units/lessons	1	2	3	4	5
b. Managing classrooms	1	2	3	4	5
c. Assessing progress	1	2	3	4	5
d. Saving preparation time	1	2	3	4	5
e. Planning for specific student needs	1	2	3	4	5
f. Integrating curriculum into the state frameworks	1	2	3	4	5
g. Supporting student-centered learning	1	2	3	4	5
h. Teaching (in general)	1	2	3	4	5
i. Working collaboratively with colleagues	1	2	3	4	5
j. Managing learning resources	1	2	3	4	5
k. Improving skills through staff development	1	2	3	4	5

VI. Support Resources

1. Indicate the extent to which you believe each of the following was accessible and your level of use for implementation of the AB 1470 project (circle one for each item in each category):

	Accessibility					Level of Use				
	Not at all		Moderate		Excellent	Not at all				Often
a. District administrative support for project activities	1	2	3	4	5	1	2	3	4	5
b. School administrative support for project activities	1	2	3	4	5	1	2	3	4	5
c. California Technology Project Resources	1	2	3	4	5	1	2	3	4	5
d. Level I MTS resources (if applicable)	1	2	3	4	5	1	2	3	4	5
e. Level II MTS resources (if applicable)	1	2	3	4	5	1	2	3	4	5
f. ITV Agency resources (if applicable)	1	2	3	4	5	1	2	3	4	5
g. TRIE/CSUNet electronic bulletin board provided by the CTP	1	2	3	4	5	1	2	3	4	5
h. Staff development activities	1	2	3	4	5	1	2	3	4	5
i. Time allocated for planning and implementing project	1	2	3	4	5	1	2	3	4	5
j. Parent involvement and support	1	2	3	4	5	1	2	3	4	5
k. Access to equipment	1	2	3	4	5	1	2	3	4	5

Please return this completed form to the designated project leader or coordinator at your school by ___/___/___

SCHOOL-BASED EDUCATIONAL TECHNOLOGY GRANTS

STUDENT TECHNOLOGY USE SURVEY

Far West Laboratory

Name_____ Teacher _____

School_____ Grade_____ Period_____ Date____/____/____

Recently teachers in your school have been involved in a project using technology (computers, laser discs, VCRs, camcorders, etc.). Please answer the following questions as honestly as possible so that we can use your answers in our study.

1. Think about all of your classes. How often have you or your teacher used each type of technology in school this year? (circle one number for each type of technology):

	Don't know	Not at all	Once a month	At least once a week	Once a day	Several times a day
a. Computer	1	2	3	4	5	6
b. Television	1	2	3	4	5	6
c. VCR	1	2	3	4	5	6
d. Laserdisks	1	2	3	4	5	6
e. CD-ROM	1	2	3	4	5	6
f. Camcorder	1	2	3	4	5	6

2. Where do you use computers? (circle the number of each item that applies):

In the classroom 1
After school 2
At lunch time 3
At the library 4
At the computer lab 5
At home 6

3. What do you use computers for? (circle the number of each item that applies):

To do reports and research 1
To do assignments in class 2
To play games 3

4. Which classes do you use computers in (circle the number of each item that applies):

English/writing/reading 1
Math 2
Science 3
Social Studies/history/geography 4
Foreign Language 5
Art or Music 6

5. Indicate how much technology has improved your abilities in each of the following (circle one number for each):

	Not at all	A little	Some	A lot
a. Studying	1	2	3	4
b. Writing	1	2	3	4
c. Reading	1	2	3	4
d. Solving problems	1	2	3	4

5. Indicate how much technology has improved each of the following for you (circle one number for each):

	Not at all	A little	Some	A lot
a. Your grades	1	2	3	4
b. Your attendance	1	2	3	4
c. Your attitude about going to school	1	2	3	4
d. Your feelings about yourself	1	2	3	4
e. Your ability to work with other students	1	2	3	4

6. Indicate how much more you enjoy your classes as a result of using technology (circle one number for each):

	Not at all	A little	Some	A lot
a. English/writing/reading	1	2	3	4
b. Math	1	2	3	4
c. Science	1	2	3	4
d. Social Studies/history/geography	1	2	3	4
e. Foreign Language	1	2	3	4
f. Art or Music	1	2	3	4

7. Indicate how much your grades have improved as a result of using technology in each of your classes (circle one number for each):

	Not at all	A little	Some	A lot
a. English/writing/reading	1	2	3	4
b. Math	1	2	3	4
c. Science	1	2	3	4
d. Social Studies/history/geography	1	2	3	4
e. Foreign Language	1	2	3	4
f. Art or Music	1	2	3	4

8. Describe how the increased use of technology at your school has made a difference for you:

_____

_____

_____

_____

_____

_____

Section 2

Model Technology Schools (Level I) Assessment Instruments

- Self-Assessment Inventory
- Teacher Survey
- Student Questionnaire:
  - Elementary
  - Secondary
  - Elementary (Spanish)
  - Secondary (Spanish)
- Interview Outline

District-based Form

CETAP EVALUATION
MODEL TECHNOLOGY SCHOOLS - LEVEL I

SECTION I: BACKGROUND INFORMATION

A. District Demographics

1. District:_____

   Address:_____

   City:_____ ZIP:_____

2. District contact person:_____ Title:_____ Ph:_____

3. Person with primary responsibility for completing this form:_____

   Title: _____

   Ph: _____ Date: ____/____/____

4. District enrollment (1990/91): .....#_____

5. Total number of schools served by project: .....#_____

6. Ethnic distribution of students: (1990/91)

Asian	____ %	Hispanic	____ %
Black	____ %	Native American	____ %
Caucasian	____ %	Other: (Specify)_____ ..	____ %

7. Number of students in the district who are: (1990/91)

   Eligible for Chapter 1 services .....

   Limited English proficient .....

Name and title of person completing this page: _____

B. School Demographics (complete for every project school)

1. School:_____

   Address:_____

   City:_____ ZIP:_____

   District:_____

2. School contact person:_____Title:_____ Ph:_____

3. School enrollment (1990/91): .....#_____

4. Total number of teachers: .....#_____

5. School location (circle one):

   Rural 1
   Suburban.....2
   Urban 3

6. School level (circle one):

   Elementary.....1
   Middle/Junior High.....2
   High 3

7. Ethnic distribution of students: (1990/91)

   Asian .....____ % Hispanic .....____ %
   Black .....____ % Native American .....____ %
   Caucasian .....____ % Other: (Specify)_____.. ____ %

8. Which grades in the study are served by the project ? (circle): K 1 2 3 4 5 6 7 8 9 10 11 12

   Other:_____

9. Number of students in this school who are: (1990/91)

   Eligible for Chapter 1 services .....____
   Limited English proficient .....____

Name and title of person completing this form: _____

10. **Project Participation.** Indicate the number of current staff and their level of involvement in the project at this school.

Indirect Involvement: Staff who are participating in the project at some level, but who are not yet actively implementing project administrative or instructional components at this time.

Active Involvement: Staff who are actively implementing project administrative or instructional components at this time.

	Total Number At School	Active Involvement	Indirect Involvement	No Involvement
School Administrators				
Site Coordinators				
Teachers				
Aides				
Clerical Staff				
Parents	N.A.			
Other				

11. Briefly describe the prior degree of technology use in this school prior to the initiation of the MTS project.

Name and title of person completing this page: _____

SECTION II: Planning

A. Project-wide Planning

1. Indicate areas of change over the span of your project from what was originally proposed. Fill in the appropriate codes below. For example, "0-1" indicates the beginning of the project to the end of year one.

Codes:
1 = Large Decrease
2 = Some Decrease
3 = No Difference
4 = Some Increase
5 = Large Increase
NA = Not Applicable

	Years of the Project				
Categories of Change:	0-1	1-2	2-3	3-4	4-5 (Anticipated)
Dissemination of products	___	___	___	___	___
Dissemination of promising practices	___	___	___	___	___
Business Partnerships	___	___	___	___	___
Centralized/Decentralized Proj. Planning	___	___	___	___	___

2. Briefly describe the process for designing your annual MTS plan. List the people involved and their relationship to the project.

Name and title of person completing this page: _____

3. *California Education Summit.* Indicate the degree to which your MTS project addressed the *California Education Summit* topics. (Although we recognize that these relationships were not required in the original RFP, we are asking this question because of the current relevancy of these topics to CDE interests.)

	(Circle One) No Emphasis ⟷ High Emphasis			
Increasing accountability and improving assessment	1	2	3	4
Enhancing the curriculum	1	2	3	4
Improving high school transitions	1	2	3	4
Improving adult literacy	1	2	3	4
Organizing effective services for children, youth, families at risk	1	2	3	4
Restructuring to improve student performance	1	2	3	4
Improving teacher preparation and recruitment	1	2	3	4

Comments:

Name and title of person completing this page: _____

B. Planning At Each Project School _____
(Name of School)

1. Have you ever had a school site technology planing committee? Yes ____ No ____
   (If No, skip to question # 6)

2. Identify the function(s) of this planning committee in project activities over the span of the project (circle all numbers that apply):

	YR 1	YR 2	YR 3	YR 4
Original proposal development	1	1	1	1
Design of annual site plan	2	2	2	2
Advising on project changes	3	3	3	3
Advocating for the project	4	4	4	4
Monitoring the project	5	5	5	5
Evaluating the project	6	6	6	6
Other (describe):	7	7	7	7

3. Indicate how often this committee currently meets (circle one):
   Weekly 1
   Bi-weekly 2
   Monthly 3
   Bi-monthly 4
   Other (specify)_____ 5

4. Indicate the statement below that best describes the technology use plan (TUP) in your school (circle one):
   Technology use is written into existing School Improvement Plan. 1
   Technology use is written into existing Chapter I Plan 2
   Technology use is written into the _____(specify) Plan. 3
   A separate TUP wa developed 4

5. To what extent does the school TUP correspond to the district TUP? (circle one):
   A district TUP does not exist. 1
   The school plan incorporates some district planning elements. 2
   The school plan closely supports the district plan. 3
   The school plan did not support the district plan. 4

6. Indicate the actual number of participants involved in planning and implementing the project in each of the following categories:

	Beginning	Current
District administrators	#____	#____
Project staff	#____	#____
School administrator(s)	#____	#____
Site coordinator	#____	#____
Teachers	#____	#____
Students	#____	#____
Parents	#____	#____
Other:_____	#____	#____

7. Describe any other technology-related planning activities at this site.

Name and title of person completing this page:_____

9. **Site Level Change.** Indicate areas of change over the span of project at your school from what was originally proposed in the chart below:

Codes: 1 = Large Decrease
2 = Some Decrease
3 = No Difference
4 = Some Increase
5 = Large Increase

Categories of Change:	Project Years: 0	1	2	3	4 (Anticipated)	5
Integrating Technology Into Curriculum	___	___	___	___	___	
Parent Involvement	___	___	___	___	___	
Business Partnerships	___	___	___	___	___	
Centralized to Decentralized Site Planning	___	___	___	___	___	

Name and title of person completing this page: _____

SECTION III: Content

A. Project-Wide Staff Development/Training

1. Describe any special characteristics of the training that have been particularly successful.

2. Count the total number of hours of project-related training and the number of trainees during the school years, 1989/90 and 1990/91 (through March). For example, if you offered two training sessions of three and five hours each, the total number of training hours would be eight. Under the "number of participants" count all staff attending any project-related training during this time period.

Total Training Hours	Number of Participants:				
	Teachers	Aides	Administrators	Clerical	Parents

3. To what extent did the training activities address each of the following general technology topics (Circle M if major emphasis, S if secondary emphasis, or N if no emphasis):

Basic Orientation/Introduction.....	M	S	N
Instructional Applications.....	M	S	N
Classroom Management.....	M	S	N
Office Administration.....	M	S	N

Name and title of person completing this page: _____

4. Approximately what percent of the training listed above was provided by the following?

Project Staff	_____ %	Other District Staff	_____ %
Business Partner	_____ %	Consultant	_____ %
		Other	_____ %

B. Learning Resources Management

1. In what ways has the project improved the management of learning resources?

2. What procedures are in place for reviewing technology-based learning resources prior to purchase?

Name and title of person completing this page: _____

C. Dissemination/Marketing

1. How many of the following types of products or services have been developed by your project that may be useful, or have already been disseminated, to school districts throughout the state?

PRODUCTS:	In Progress	Ready to Disseminate	Already Disseminated Sold Donated	Intended Users				
				Teachers		Management		Trainers
				Elem.	Sec.	Sch.	Dist.	
Implementation Manuals								
Curriculum Manuals								
Evaluation Materials								
Videos								
Curriculum Units								
Staff Development Package								
Brochures/Info. Packets								
Other Products								
SERVICES:								
Technology Use or Planning								
Tech./Curricular Integration								
Use of Equipment/Software								
Software Selection								
Evaluation Technology								
Other Services								

Name and title of person completing this page: _____

2. Since the project began, approximately how many times have you used each of the following methods to inform others about the project?

	In-School	In-District	Out-of-District
Staff Meetings			
Conference Presentations			
Training Workshops			
Journal Articles			
Other Articles			
Advertising			
Television Exposure			
Site Visits			

3. Since the project began, approximately how many times have you used other dissemination strategies to inform others of these products?

Publishing articles _____
Collaborating with the business partner _____
Advertising/Promotional Fliers _____
Using the California Technology Project _____
Other _____

4. What do you think has been your most effective dissemination approach and on what evidence do you base this assessment?

5. How many visitors have you had over the life of the project? (Estimate or use exact counts where available.)

Year 1	Year 2	Year 3	Year 4
_____	_____	_____	_____

(Use the code '-99' for each year in which the number of visitors was not counted.)

Name and title of person completing this page: _____

6. Do you assess the usefulness of these visits? Yes ____ No ____

If yes, check the procedures used: (Check All That Apply)

Verbal feedback _____
Checklist _____
Interview _____
Visitor Survey _____
Follow-up Phone Call _____

D. Evaluation

1. How was the research partner for your MTS project selected?

2. In what ways and to what extent have the research partners been involved in ongoing project planning and management?

3. What technology related research efforts will be continued by the district when MTS funding ends?

4. What specific research instruments or components from the research team will you continue to use?

Name and title of person completing this page: _____

The remaining questions in this section should be completed by your research team.

5. What are the objectives and expected outcomes from this research effort?

6. Specifically list some of most important research findings to date and tell how these findings have affected the project's design, management, or direction.

Year 1:

Year 2:

Year 3:

Year 4:

6. Describe changes in the basic research questions since the beginning of the project.

Year 1:

Year 2:

Year 3:

Year 4:

Name and title of person completing this page: _____

7. Describe your evaluation plan for assessing dissemination and adoption/adaption of project practices and products.

8. Describe any procedures you have developed to evaluate products and services prior to dissemination.

9. What recommendations would you make to the state regarding the structure and composition of the research component of future projects of this type?

10. Rate the degree to which you were given independence in conducting your research and in reporting findings. (Circle One)

Completely Independent	Very Independent	Somewhat Independent	Limited Independence
1	2	3	4

11. Describe the extent to which your evaluation has had a formative and summative orientation.

	Strong	Moderate	Weak
Formative	1	2	3

Explain:

	Strong	Moderate	Weak
Summative	1	2	3

Explain:

Name and title of person completing this page: _____

12. Indicate the instruments, data sources, and procedures used in your evaluation and rate the relative importance of each to your overall research effort.

	(Circle One) Relative Importance to Research Effort				
Instruments:	Very Important	1	2	3	4 Not Used
Student Surveys		1	2	3	4
Teacher Surveys		1	2	3	4
Parent Surveys		1	2	3	4
Other Data Sources:					
Student Grades		1	2	3	4
Portfolio Assessment		1	2	3	4
Writing Samples		1	2	3	4
Proficiency Tests		1	2	3	4
Standardized Tests		1	2	3	4
Student Attendance		1	2	3	4
Time Logs of Technology Use		1	2	3	4
SIP or Other Instructional Plans		1	2	3	4
Project Product Assessment		1	2	3	4
Workshop Evaluations		1	2	3	4
Business Partner Contributions		1	2	3	4
Student Affective Measures		1	2	3	4
Test Records		1	2	3	4
Procedures:					
Case Studies		1	2	3	4
Classroom Observations		1	2	3	4
Teacher Interviews		1	2	3	4
Student Interviews		1	2	3	4
Parent Interviews		1	2	3	4
Business Partner Interviews		1	2	3	4
Assessment of Curriculum Alignment		1	2	3	4
Needs Assessment		1	2	3	4
Other:_____		1	2	3	4

Name and title of person completing this page: _____

SECTION IV: Project Implementation

(Complete for every project school - school name _____)

1. Indicate the major areas emphasized by the project (circle M if major emphasis, S if secondary emphasis, or N if no emphasis):

Curriculum Areas

a. English/Language Arts..... M S N
b. History-Social Science..... M S N
c. Mathematics..... M S N
d. Science..... M S N
e. Foreign Languages..... M S N
f. Visual and Performing Arts..... M S N
g. Health Education..... M S N
h. Physical Education..... M S N
i. Vocational Education..... M S N
j. Other:_____.. M S N

Process Areas

a. Critical thinking..... M S N
b. Cooperative learning..... M S N
c. Study Skills..... M S N
d. Self-esteem..... M S N
e. Interest/attitude..... M S N
f. Other:_____.. M S N

School-Wide Areas

a. General technology use..... M S N
b. Technology in the curriculum..... M S N
c. School restructuring..... M S N
d. Professional development..... M S N
e. School climate improvement..... M S N
f. Other:_____.. M S N

2. Indicate the type(s) of technology <u>used at this site</u> (circle M if major emphasis, S if secondary emphasis, or N if no emphasis):

a. Computers..... M S N
b. Laserdisc/Interactive Video..... M S N
c. Instructional Television (ITV)..... M S N
d. Audio/video production (Video cameras, camcorders, editing equipment)..... M S N
e. Satellite downlink for ITV reception/distance learning..... M S N
f. LCD Panels, Video Projectors..... M S N
g. CD ROM..... M S N
h. Technology for the handicapped..... M S N
i. Science Lab Equipment (probes, microscopes, weather instruments, etc.)..... M S N
j. Calculators..... M S N
k. Telecommunications (telephone, modem, FAX)..... M S N
l. Music (keyboards, MIDI interfaces, sound digitizers, audio equipment, etc.)..... M S N
m. Other: (describe)_____..... M S N

3. Indicate the software type(s) <u>used at this site</u> (circle M if major emphasis, S if secondary emphasis, or N if no emphasis).

a. Word processing/desktop publishing..... M S N
b. Integrated Learning Systems (ILS)..... M S N
c. Computer Assisted Instruction (CAI) System..... M S N
d. Hypermedia/multimedia..... M S N
e. Graphics programs..... M S N
f. Electronic encyclopedia, reference..... M S N
g. Database, spreadsheet, other business software..... M S N
h. Music, voice, speech recognition..... M S N
i. Programming (Basic, Pascal, C, LOGO, etc.)..... M S N
j. School management..... M S N
k. Other instructional software (Not CAI or ILS)..... M S N
l. Telecommunications software..... M S N
m. Other: (describe)_____..... M S N

Name and title of person completing this page:_____

4. How many computers are in your school, including those purchased by the project?

In computer laboratories	_____	Checked out to students	_____
In classrooms	_____	In the library	_____
Checked out to teachers	_____	Checked out to parents	_____
In the teacher workroom	_____	In administrative offices	_____
Other _____			_____

5. How many VCRs are located: In Classrooms _____
On Carts _____
Other _____

6. How many laser disk players are at this school site?

In the Library _____
In Individual Classrooms _____
In Other Rooms _____

7. If there are other major technology items used in the school not listed above, what are they, how many are there, and where are they located?

8. Briefly describe how your school involved parents in each of the following project-related activities?

Class Instruction:

Tutoring:

Other Family Contact:

Name and title of person completing this page: _____

9. Approximately what percent of the classrooms in your school have at least one computer? _____ %

10. Considering all of the technology items in your school, approximately what percentage were purchased with project funds?

_____ %

Name and title of person completing this page: _____

SECTION V: Support Resources

School Name: _____
(Please complete this question for each project school.)

1. Rate the extent to which your project currently receives support from each of these sources and the extent to which you believe support is needed for successful implementation.

Sources of Support	**Support Needed** (Circle One) Low 1 2 3 4 High	**Actual Support** (Circle One) Low 1 2 3 4 High
School Administration	1 2 3 4	1 2 3 4
Project Administration	1 2 3 4	1 2 3 4
District Administration	1 2 3 4	1 2 3 4
California Department of Education	1 2 3 4	1 2 3 4
Parents	1 2 3 4	1 2 3 4
Business Partners	1 2 3 4	1 2 3 4
California Tech. Project	1 2 3 4	1 2 3 4
Other _____ (Specify)	1 2 3 4	1 2 3 4

2. Where there have been substantial shifts across any of these sources of support through the duration of the project, describe below:

School Administration

Project Administration

District Administration

California Department of Education

Parents

Business Partners

California Tech. Project

Other _____

Name and title of person completing this page: _____

3. Where a substantial discrepancy is reported for any of the items in question #1 above, e.g. a "3" or "4" under "support needed" and a "1" or "2" on "actual support," describe what will be needed from these sources to ensure the successful continuation of your project.

School Administration

Project Administration

District Administration

California Department of Education

Parents

Business Partners

California Tech. Project

Other _____
(Specify)

Name and title of person completing this page: _____

SECTION VI: Funding Support

The first two questions in this section pertain to the worksheets that follow on pages 22 and 23. The first worksheet requests total technology-related expenditures for 1989-90 by school. This worksheet should be completed for every school in your project. Note, however, that the technology-related expenditures to be reported on this form should not just be limited to project funds, but should reflect expenditures from all sources for 1989-90. On the second worksheet, on page 23, report project-wide expenditures across all sources. Project-wide expenditures would include the time of the project director and other administration and support staff, who are used project wide. Expenditures reported on the school form should not be reported again on the project-wide form.

1. **Technology Expenditures for 1989-90 by School** List **all** technology related expenditures specific to each project school. Estimate a dollar value for all donated resources and services. For faculty and staff, only count time that is allocated to technology on a supplemental basis, i.e. additional faculty and staff time that has been employed specifically to implement and maintain technology use.

2. **Project Related District-Wide Technology Expenditures for 1989-90** List all project-wide AB 1470 expenditures or project-wide expenditures from other sources. Do not repeat any of the school-based expenditures shown for question #1, above.

3. Briefly describe the basis on which you have distributed project funds across the project school sites? How was it determined how much project funding each site would receive?

Name and title of person completing this page: _____

1. **1989-90 Expenditures By School.** Enter separately the amount of the AB 1470 funding, district funding, both general and catagorical, and donations expended for each of the budget categories indicated:

SCHOOL NAME: _____ (complete for each school)

Technology Expenditures for 1989-90 By School

(Round to the Nearest $)

ACCOUNT NUMBERAND CLASSIFICATION		Catagories of Funding				TOTALS BY CATEGORY
		AB 1470 FUNDS	DISTRICT-GENERAL FUNDS	DISTRICT-CATEGORICAL FUNDS	ESTIMATED VALUE OF DONATIONS	
1000 Certified Salaries FTE _____	Staff					
	Other					
2000 Certified Salaries FTE _____	Staff					
	Other					
3000 Employee Benefits	Staff					
	Other					
4000 Books and Supplies						
5000 Services and Other Operating Expenditures						
6000 Capital Outlay						
TOTAL TECHNOLOGY EXPEDITURES 1989/90						

Name and title of person completing this page: _____

2. **Project–Wide 1989-90 Expenditures.** Enter separately the amount of the AB 1470 funding, district funding, both general and catagorical, and donations expended for each of the budget categories indicated:

Project–WideTechnology Expenditures for 1989-90

(Round to the Nearest $)

ACCOUNT NUMBERAND CLASSIFICATION		Catagories of Funding				TOTALS BY CATEGORY
		AB 1470 FUNDS	DISTRICT-GENERAL FUNDS	DISTRICT-CATEGORICAL FUNDS	ESTIMATED VALUE OF DONATIONS	
1000 Certified Salaries FTE _____	Staff					
	Other					
2000 Certified Salaries FTE _____	Staff					
	Other					
3000 Employee Benefits	Staff					
	Other					
4000 Books and Supplies						
5000 Services and Other Operating Expenditures						
6000 Capital Outlay						
TOTAL TECHNOLOGY EXPEDITURES 1989/90						

Name and title of person completing this page: _____

SECTION VII: Outcomes

School Name:_____

(Please complete this section for each project school)

The purpose of this section is to measure change over time attributed to the MTS projects. What differences has the MTS made in the district and in the schools that otherwise would not have occurred? First indicate the degree to which each of the categories listed below were present in your school in the box labelled "Before MTS." Use the following codes:

A=not present or used; **B**=little presence or use;
C=some presence or use; **D**=considerable presence or use;

Indicate the level of change you believe the MTS project has made **in your school** in each of the following categories. Respond for EACH YEAR. If a category does not apply to your project, place NA in the appropriate space.

Use the following codes to respond to question 7.1 through 7.6:

1=large decrease; **2**=some decrease; **3**=no difference;
4=some increase; **5**=large increase.

1.

Instructional Method	Before MTS	Yr1	Yr2	Yr3	Yr4
• Direct instruction/Lecturing					
• Teacher-student discussion					
• Individual instruction					
• Cooperative learning					
• Student-based projects					
• Other					

Instructional Emphasis					
• Skill-based					
• Content-based					
• Affective Domain					
• Cognitive Emphasis					
• Problem solving emphasis					
• Other					

Name and title of person completing this page:_____

1.

Instructional Method (Continued)	**Before MTS**	**Yr1**	**Yr2**	**Yr3**	**Yr4**
Technical Emphasis					
• ITV					
• Computer					
• Audio tape					
• Laser disc					
• Calculator					
• Camcorder					
• Telecommunications					
• Other					

Technical Use					
• Drill and practice					
• Presentation of content					
• Application to problem solving					
• Word processing					
• Desktop publishing					
• Computer aided drafting					
• Yearbook					
• Student newspaper					
• Other					

Comments:

Name and title of person completing this page:_____

2.

Staff Behavior	Before MTS	Yr1	Yr2	Yr3	Yr4
• Sharing resources					
• Initiating new activities					
• Cross-talk about educ. issues					
• Volunteering personal time training, etc.					
• Feeling of collegiality					
• Improved morale					
• Helping peers					
• Learning together					
• Seeking assistance/help					
• Writing grants					
• Other					

Briefly describe the nature of these changes and cite evidence where available.

3.

Parent Interaction	Before MTS	Yr1	Yr2	Yr3	Yr4
• Use of parent volunteers					
• Attendance at PTA, etc.					
• Parent use of technology at home					
• Amount of parent/school contact re instructional matters					
• Attendance at school events					
• Other					

Briefly describe the nature of these changes and cite evidence where available.

Name and title of person completing this page: JJ

4.

Business Partnerships	Before MTS	Yr1	Yr2	Yr3	Yr4
• Solicitation of businesses to collaborate with school					
• Appropriate fit between business/school agenda					
• Number of business partners					
• Scope of business partnerships					
• Active involvement in project planning					
• Active involvement in project implementation					

Briefly describe the nature of these changes and cite evidence where available.

5.

Student Behaviors	Before MTS	Yr1	Yr2	Yr3	Yr4
• Fewer class absences					
• Completion of homework					
• Participation in extracurricular activities					
• Completion of extra tasks without being asked					
• Higher standards of performance					
• Use of non-class time for computers					
• Use of multi-media					

Briefly describe the nature of these changes and cite evidence where available.

Name and title of person completing this page: _____

6.

Administrative Use	Before	MTS	Yr1	Yr2	Yr3	Yr4
• Scheduling Classes						
• Recording Attendance						
• Maintaining Grades						
• Use of Auto-dialer						
• Other _____						

Briefly describe the nature of these changes and cite evidence where available.

7.

Standardized Measures of Student Performance	Before	MTS	Yr1	Yr2	Yr3	Yr4
• CAP scores (writing)						
• CAP scores (math)						
• Standardized test scores scores, e.g. CTBS, Iowa, etc.						
• Other						

Provide any further clarification that may be available.

Name and title of person completing this page: _____

8. Briefly describe any UNIQUE OR OUTSTANDING benefits to each of the following populations that you believe can be attributed to MTS.

- Students
- Teachers
- Aides
- Clerical staff
- Principals
- District Administrators
- Site Administrators
- Project Directors
- Business Partners
- Parents
- Other

Name and title of person completing this page:_____

SECTION VIII: Recommendations

We are interested in your ideas and suggestions about ways to improve the MTS projects. Please comment about each of the following areas.

- State MTS Requirements

- Local MTS Governance Structure

- Staff Development

- Alignment with State Curriculum Frameworks

- Level of Technical Support from CDE

- Level of Fiscal Support from All Sources

- Cooperation with Other MTS Projects

- Dissemination Activities

- Other

Name and title of person completing this page:_____

CETAP EVALUATION
MODEL TECHNOLOGY SCHOOLS (MTS) - LEVEL 1
TEACHER SURVEY

(Please feel free to attach to this survey any other comments you wish to make concerning the MTS project or technology use in the schools.)

1. What grade(s) do you teach? _____

2. What is the primary subject you teach? (Check One)

Elementary	____	Social Science	____
Language Arts	____	Art	____
Foreign Language	____	Music	____
Math	____	Physical Education	____
Science	____	Other	____

3. How many years have you been teaching? _____

4. How many students do you teach on an average day? _____

5. Are you a participant in the MTS project at your school? Yes ___ No ___

If yes, when did you enter the project? Month: _____ Year _____

6. If you **are** in the project, are you participating: (Check One)

_____ By choice. _____ Because it was required.

7. If you **are not** in the project, would you like to be? Yes ___ No ___
Why are you **not** participating? (Check One)

_____	Not interested	_____	Did not know about it
_____	Already know technology	_____	No room in the project at this time
_____	Too time consuming	_____	Was not asked to participate
_____	Other: (state)_____		

8. Estimate the average number of hours per month you have spent on the following educational technology activities during this school year. If none, list zero.

_____ Receiving Training/Learning Technology
_____ Making Professional Presentations
_____ Providing Training
_____ Coordinating Activities
_____ Developing Materials
_____ Other _____
_____ TOTAL

Approximately how many of these total hours are not compensated? ____

9. Show how long you have been using technology and the degree of exposure in **your classes** by providing estimates to the questions below:

a) How many years have you been using each type of technology in your teaching?

b) What is the approximate **percentage** of your students that will use or be exposed to the following types of technology in **your** classes this school year?

c) Estimate the **hours** of use or exposure each of these students will receive in each type of technology in **your** classes during an **average month** in this school year.

Types of Technology	a) Number of Yrs. You Have Been Using	b) % Students Exposed to Tech In Your Classes	c) Est. Hrs/Student In Your Classes Per Month
Computers			
Camcorder			
Printers			
T.V.-Cable			
T.V.-Videotapes			
CD ROM			
Video editor			
Videodisc player			
VCR			
Scanner			
Slide projector			
Multimedial			
Other: _____			

10. Approximately how many hours do you use educational technology for administrative tasks in an average week, e.g. grading or other student record keeping?

_____ Hours/Week

11. Have you found the use of educational technology to be useful in providing the curriculum described in the state curriculum frameworks? (Circle One)

1 - Very Much 2 - Some 3 - Not Much 4 - None

12. Have you developed any technology-related applications, products, or procedures that you have shared with other teachers? (Check Each Line)

	Yes	No	Approximate Number
At your school?	____	____	____
In your district?	____	____	____
In other districts?	____	____	____

13. Approximately how many hours per week does the average student in your class use computers for the following types of activities?

_____ Drill and Practice:
_____ Problem Solving
_____ Computer programming
_____ Word processing
_____ Other _____

14. In which of the following ways do you use computer or video technology for instructional purposes on a regular basis, i.e. at least once a week? (Check all that apply)

Video	Computers	
____	____	Do **not** use educational technology at least once per week
____	____	Whole class presentations
____	____	Small group instruction
____	____	Individucal instruction
____	____	Computer lab
____	____	Student-centered instruction
____	____	Other (please describe):

15. What are your future plans for educational technology use? (Check one)

____ Do not plan to use soon
____ Do not use now, but hope to start soon
____ Plan to reduce current educational technology use
____ Will continue to use at current level
____ Plan to expand current educational technology use

16. For the remaining items, indicate **both** the type of effect and the level of impact the use of technology has had in the following areas:

	Type of Effect N = Negative O = No Effect P = Positive (Circle One)			Level of Impact 1 = Minor 2 = Moderate 3 = Significant (Circle One)		
Student Impact:						
Classroom discipline	N	O	P	1	2	3
Cooperation among students	N	O	P	1	2	3
Student Achievement	N	O	P	1	2	3
Interest in subject matter	N	O	P	1	2	3
Problem solving skills	N	O	P	1	2	3
Interest in technology	N	O	P	1	2	3
Completion of assignments	N	O	P	1	2	3
Quality of work produced	N	O	P	1	2	3
Computer skills	N	O	P	1	2	3
Attitude toward school	N	O	P	1	2	3
Teacher Impact:						
Interest in teaching	N	O	P	1	2	3
Collegial interaction	N	O	P	1	2	3
Self-confidence	N	O	P	1	2	3
Efficiency & organization	N	O	P	1	2	3
Feelings of professionalism	N	O	P	1	2	3
Instructional effectiveness	N	O	P	1	2	3
Interest in technology	N	O	P	1	2	3
Size of workload	N	O	P	1	2	3
Curriculum frameworks alignment	N	O	P	1	2	3
Degree of School Support:						
Overall administrative support	N	O	P	1	2	3
Adequacy of training	N	O	P	1	2	3
Involvement in decision making	N	O	P	1	2	3
Access to needed equipment	N	O	P	1	2	3
Assistance in implementation	N	O	P	1	2	3

STUDENT QUESTIONNAIRE (Elementary)

We are interested in your opinion about the technology you use. <u>This is not a test</u>. There are no right or wrong answers. Please circle Yes, No, or Do Not Use.

1.	I like to use computers.	Yes	No	Do Not Use
2.	Calculators help me to learn math.	Yes	No	Do Not Use
3.	Using the computer is hard work.	Yes	No	Do Not Use
4.	It is easier for me to do math (numbers) when I use the computer.	Yes	No	Do Not Use
5.	I help other students use the computer.	Yes	No	Do Not Use
6.	Using ear phones at the listening station helps me learn.	Yes	No	Do Not Use
7.	I use a computer at home for schoolwork.	Yes	No	Do Not Use
8	It is easy to solve problems using the computer.	Yes	No	Do Not Use
9.	It's easier for me to write a story when I use the computer.	Yes	No	Do Not Use
10.	Other students help me use the computer.	Yes	No	Do Not Use
11.	I wish I could use the computer more often.	Yes	No	Do Not Use
12.	The television in my class helps me learn.	Yes	No	Do Not Use
13.	I like to use the camcorder to do projects.	Yes	No	Do Not Use
14.	I watch educational or public television at home.	Yes	No	Do Not Use
15.	I like using telecommunications to talk with students in other schools and countries.	Yes	No	Do Not Use

Would you like to tell us anything else about using computers or other technology? Write your answer on the back of this form.

BEST COPY AVAILABLE

THANK YOU.

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT	DO NOT USE
13. Using technology has helped me get along better with my teacher.	—	—	—	—	—
. I try not to miss school on the days I use the computer.	—	—	—	—	—
. Using a calculator makes math more interesting.	—	—	—	—	—
. I learn a lot from instructional television.	—	—	—	—	—
. I learn by telecommunications with students in other schools and countries.	—	—	—	—	—
18. Watching a video-tape makes .ssons more interesting.	—	—	—	—	—
19. Using technology makes me feel smart.	—	—	—	—	—

Thank you very much. Would you like to tell us anything else about using computers or other technology? Write your answer in the space below.

CUESTIONARIO ESTUDIANTIL (Primario)

Estamos interesados en su opinión sobre la tecnología. Esto no es un examen. No hay respuestas malas ni correctas. Por favor marque SÍ, NO o NO LA (LO) USO.

1. Me gusta usar las computadoras.	SÍ	NO	NO LA USO
2. Las calculadoras me ayudan a aprender matemáticas.	SÍ	NO	NO LA USO
3. Es difícil usar la computadora.	SÍ	NO	NO LA USO
4. Es más fácil hacer las matematicas (o usar numeros) cuando uso la computadora.	SÍ	NO	NO LA USO
5. Ayudo a otros estudiantes usar la computadora.	SÍ	NO	NO LA USO
6. Usando el auricular y el grabador en un "listening station" me ayuda a aprender.	SÍ	NO	NO LO USO
7. Uso la computadora en casa para hacer mi tarea.	SÍ	NO	NO LA USO
. Es fácil resolver problemas usando la computadora.	SÍ	NO	NO LA USO
9. Es más fácil escribir un cuento cuando uso la computadora.	SÍ	NO	NO LA USO
10. Otros estudiantes me ayudan a usar la computadora.	SÍ	NO	NO LA USO
11. Desearía usar la computadora más.	SÍ	NO	NO LA USO
12. La televisión en mi clase me ayuda a aprender.	SÍ	NO	NO LA USO
13. Me gusta usar el "camcorder" (máquina de video) para hacer proyectos.	SÍ	NO	NO LO USO
14. En casa miro televisados educaciónales o públicos.	SÍ	NO	NO LA USO
15. Me gusta usar telecomunicación para hablar con estudiantes en otras escuelas o en otros países.	SÍ	NO	NO LA USO

¿Quería Ud. decirnos algo más de las computadoras o de otro tipo de tecnología? Escriba su respuesta detrás de ésta página.

GRACIAS

CUESTIONARIO ESTUDIANTIL (Secundaria)

Estamos interesados en su opinión sobre el usamiento de tecnología. Esto no es un examen. No hay respuestas malas ni correctas. Por favor ponga una "X" debajo de la respuesta que demuestra como se siente. Si no usa la tecnología, ponga una "X" debajo "NO LA (LO) USO".

	ESTOY DE ACUERDO (MUCHO)	ESTOY DE ACUERDO (UN POCO)	NO ESTOY DE ACUERDO (UN POCO)	NO ESTOY DE ACUERDO (MUCHO)	NO LA (LO) USO
1. Me gusta usar las computadoras.	_____	_____	_____	_____	_____
2. Me gusta usar el "camcorder" (máquina de video) para completar is proyectos.	_____	_____	_____	_____	_____
3. Pienso que usando las computadoras hace el aprendizaje más facil.	_____	_____	_____	_____	_____
4. Usando computadoras me ayuda a aprender más rápido.	_____	_____	_____	_____	_____
5. Ayudo a otros a aprender a usar la tecnología.	_____	_____	_____	_____	_____
6. También uso las computadoras cuando no estoy en clase.	_____	_____	_____	_____	_____

Por favor complete las preguntas que siguen ésta página.

	ESTOY DE ACUERDO (MUCHO)	ESTOY DE ACUERDO (UN POCO)	NO ESTOY DE ACUERDO (UN POCO)	NO ESTOY DE ACUERDO (MUCHO)	NO LA (LO) USO
7. Preferia trabajar con papel y lapiz (pluma) en vez de usar una computadora.	_____	_____	_____	_____	_____
8. Usando los "laser disks" me ayudan a aprender.	_____	_____	_____	_____	_____
9. En casa, uso una computadora para completar mi tarea.	_____	_____	_____	_____	_____
10. Miro televisados educacionales o públicos en casa.	_____	_____	_____	_____	_____
11. En casa, las presentaciones televisadas me ayudan a aprender.	_____	_____	_____	_____	_____
12. Desde que aprendí a usar la computadora, tengo más conversaciones con mis amigos sobre materia académica.	_____	_____	_____	_____	_____
13. Usando la tecnología me ha ayudado a tener una buena amistad con mi maestra.	_____	_____	_____	_____	_____

Por favor complete las preguntas que siguen ésta página.

	ESTOY DE ACUERDO (MUCHO)	ESTOY DE ACUERDO (UN POCO)	NO ESTOY DE DE ACUERDO (UN POCO)	NO ESTOY DE ACUERDO (MUCHO)	NO LA (LO) USO
14. Trato de no faltar clase en los días cuando uso la computadora.	_____	_____	_____	_____	_____
15. Usando una calculador hace matemáticas más interesante.	_____	_____	_____	_____	_____
16. Aprendo mucho de la televisión instruccional.	_____	_____	_____	_____	_____
Por medio de telecomunicaciónes, aprendo de estudiantes en otras escuelas y en otros países.	_____	_____	_____	_____	_____
18. Mirando un "video" hace las lecciónes más interesantes.	_____	_____	_____	_____	_____
19. Usando la tecnología me hace sentir inteligente.	_____	_____	_____	_____	_____

Muchas gracias. ¿Quería decirnos algo más sobre el usamiento de computadoras o sobre otro tipo de tecnología? Escriba su respuesta detrás de ésta página.

MODEL TECHNOLOGY SCHOOLS - LEVEL 1 - INTERVIEW OUTLINE

		Project Director	District Administrator	Principal	Site Coordinator	Teachers
I.	**Background Information**					
1.	History of individual with the project	X	X	X	X	X
2.	Background of technology use in the district	X	X			
3.	Rate prior use for district/ school on a scale of 1 to 10	X	X	X	X	X
4.	Background of technology use at the school	X		X	X	
5.	Impetus for bidding for this project	X				
6.	Project integration/district	X	X			
7.	Integration of project into the school	X		X	X	X
8.	Impact of project on status of technology in district/school	X	X	X	X	
II.	**Planning**					
1.	District administration directly involved in the planning process for this project	X				
2.	Interface between project planning and the district's overall technology use plan	X	X			
3.	Impact of planning process for this project on school decision making	X		X	X	
4.	Critical incidences regarding project planning at project/ school level	X			X	X
	Plans for the future of technology	X	X	X		

		Project Director	District Administrator	Principal	Site Coordinator	Teachers
6.	Plans for specific project-initiated activities.	X	X	X		
III.	**Content**					
A.	Curriculum					
1.	Compelling reasons for use/nonuse of technology in curriculum	X	X		X	X
2.	Relationship between use/nonuse of technology and curriculum frameworks	X			X	
B.	Staff Development					
1.	Use of trained technology staff now and in the future.	X	X	X		
C.	Learning Resources Management	X				
	Dissemination and Marketing					
1.	Current status re dissemination/ marketing	X				
E.	Evaluation					
1.	Use of findings	X			X	
2.	Relationship with evaluation team	X				
3.	Future of evaluation re technology	X				
IV.	**Project Implementation**					
1.	Lessons learned	X			X	X
V.	**Support**					
1.	Critical incidences regarding level of support	X		X	X	X
2.	Future support for continuing project	X				

MODEL TECHNOLOGY SCHOOLS - LEVEL 1 - INTERVIEW OUTLINE (page 3)

		Project Director	District Administrator	Principal	Site Coordinator	Teachers
VI.	**Cost**					
1.	Cost-effectiveness of technology expenditures	X	X	X	X	X
2.	Use of local funds if project ends	X	X			
VII.	**Outcomes**					
1.	Most compelling overall quantitative evidence of outcomes	X		X	X	
2.	Ways of conceptualizing outcomes in this context	X				
3.	Critical incidents re outcomes for specific populations (e.g., student, teacher, aides, clerical staff, principals, district administrators, business partners, and parents).	X			X	X
4.	The best/worst thing about this project from your perspective.	X	X	X	X	X
5.	Impact of the project on administrative functions within the district/school/classroom	X		X		
VIII.	**Recommendations**					
1.	Major recommendations to the state regarding future use of technology	X	X	X	X	X
2.	Major recommendations to the state regarding implementation of projects of this type	X	X	X	X	X
IX.	**Other**					
	Experience of being "in" or "out" of project	X				X

Section 3

Academic-Technology Model Programs (Level II) Assessment Instruments

- **Self-Assessment Inventory**
- **Academic Model Technology Schools Interview Inventory**
- **Evaluation Planning Matrix**
- **Project Adoption Survey**
- **Adoption-Adaption Agreement and Planning Form**
- **Academic Model Technology Schools On-Site Evaluation**
- **Portfolio Assessment Plan**

ACADEMIC-TECHNOLOGY MODEL SCHOOLS PROJECT

SELF-ASSESSMENT INVENTORY

Far West Laboratory

This Inventory has been developed to follow the evaluation format specified by the state and the *California Educational Technology Assessment Project* (CETAP). The questions are organized in a chronological sequence to stimulate responses regarding your project from inception through evaluation. The Inventory is divided into eleven sections as follows:

I. Background Information
II. Planning
III. Content
IV. Project Implementation
V. Project Dissemination
VI. Support Resources
VII. Funding Support
VIII. Supporting and Impeding Factors
IX. Outcomes
X. Recommendations
XI. Other Information

Instructions for Completing the Inventory

• **Who should complete the Self-Assessment Inventory?** The person with primary responsibility for implementing the project should gather the necessary information and complete the Inventory with input from the project committee and others directly involved in the project.

• **Where can the information and data be obtained?** Sources of data and information for completing this form are as follows: 1) input from staff participants in the project, 2) input from the planning committee, 3) the original project proposal, 4) school records, and 5) project evaluation data. **Please provide data for the _____- _____ period only.**

• **How are the questions to be answered?** Most of the information collected should be based on observations and perceptions of the staff members most involved with the project. Carefully review the Inventory and then go back and answer the questions as honestly as possible. It is important to be honest about all responses so that the information can be used to provide a valid assessment of Level II MTS projects throughout the state. Projects and schools will not be judged in any way from this information.

• **When is the inventory due?** The Inventory must be completed and returned **NO LATER THAN** _____.

• **Where is the completed Inventory to be mailed?** When the Inventory has been completed, it must be returned to the address below.

• **How can assistance be obtained?** If any questions or problems arise while completing this Inventory, please contact _____ at the address/phone number below.

Address:_____

_____

_____

Phone: _____

SECTION I: BACKGROUND INFORMATION

A. Project Background

1. Project name:_____

2. Grades served by the project (circle): K 1 2 3 4 5 6 7 8 9 10 11 12 Adult

3. Actual number of students known to be directly served by the project at this time: ..... #_____

4. Indicate the percentage of students in the following categories that were included in the original development of the project:

   a. Bilingual .. _____%
   b. Chapter I .. _____%
   c. Chapter II.. _____%
   d. ESL..... _____%
   e. GATE ..... _____%
   f. ROP..... _____%
   g. Special Ed. _____%
   h. Other..... _____%

   Other (describe)_____

B. Development/Demonstration Site Demographics

(This is the site where the project was developed and the primary site for visitors.)

1. School:_____
   Address:_____
   City:_____ ZIP:_____
   District:_____
   County:_____

CDS CODE						
County Code		District Code				
School Code						

2. School contact person:_____ Title:_____ Ph:_____
   District contact person:_____ Title:_____ Ph:_____

3. Person responsible for completing this form:_____ Title:_____
   Ph:_____ Date:____/____/____

4. School enrollment (based on Fall 1990 CBEDS data):..... #_____

5. Total number of teachers: ..... #_____

6. Total number of schools served by project within the district:..... #_____

7. Project location (circle one):
   Rural 1
   Suburban 2
   Urban 3

8. School level (circle one):
   Elementary 1
   Middle/Junior High 2
   High.....3

9. Ethnic distribution of students:

   a. Asian ..... _____ %
   b. Black ..... _____ %
   c. Caucasian ..... _____ %
   d. Hispanic ..... _____ %
   e. Native American ..... _____ %
   f. Other: (Specify)_____.. _____ %

C. Project Description

1. Briefly summarize your project according to the following general categories:

a. Objectives/Expected Outcomes
b. Major Activities for Staff and Students
c. Results/Outcomes

SECTION II: PLANNING

A. Planning for Project Development

1. This project was developed primarily to...(circle all that apply):

Try something new	1	Stimulate restructuring	12
Explore an interest in technology	2	Prepare students for employment	13
Prepare students for college	3	Make teaching more exciting	14
Respond to administrative priority	4	Enhance the curriculum	15
Gain additional funding for the school	5	Facilitate student-centered learning	16
Increase technology use	6	Gain administrative experience	17
Increase school recognition	7	Acquire equipment	18
Respond to community priority	8	Provide for staff development	19
Respond to district priority	9	Other:_____	20
Improve student learning	10		
Improve student attitude	11		

2. Identify the group(s) that served as the planning committee for the project (circle all that apply):

School Site Council	1
Chapter I Committee	2
Committee established for the project	3
Other (describe):_____	4

3. Identify the function(s) of the planning committee in project activities (circle all that apply):

Proposal development	1
Implementing the project	2
Advising on project changes	3
Advocating for the project	4
Monitoring & evaluating the project	5
Other (describe):_____	6

4. Indicate the statement below that best describes the technology use plan (TUP) in the project demonstration school site as defined by this project (circle one):

Technology use is written into existing School Improvement Plan.	1
Technology use is written into existing Chapter I Plan.	2
Technology use is written into the _____(specify) Plan.	3
A separate TUP was developed for this project	4

5. Indicate the actual number of participants involved in planning and implementing the project in each of the following categories:

a. Teachers	#_____	e. Students	#_____
b. Parents	#_____	f. District personnel	#_____
c. School administrator(s)	#_____	g. Other:_____	#_____
d. Classified (non-certificated staff)	#_____		

4. Indicate the emphasis given to major educational and program priorities in the region that were addressed by the project during January 1990 - June 1991 (circle one for each item):

Need	Priority				
	Low		Moderate		High
a. Support of AB 1470 grant projects	1	2	3	4	5
b. Site-based technology use planning	1	2	3	4	5
c. Project awareness presentations	1	2	3	4	5
d. Project adoption training	1	2	3	4	5
e. Technical support for equipment utilization	1	2	3	4	5
f. Program planning and implementation	1	2	3	4	5
g. Responding to information requests	1	2	3	4	5
h. Disseminating information	1	2	3	4	5
i. Other priorities (list):_____	1	2	3	4	5

C. Modifications to Original Proposal Plan

1. Indicate the major changes from the original project plan in each of the following areas (circle as many as apply; if none apply, circle no numbers):

Objectives:
Student 1
Staff development 2
Learning resources management 3
Other:_____ .. 4

Activities:
Student 5
Staff development 6
Learning resources management 7
Implementation schedule 8
Other:_____ .. 9

Participants:
Grade levels 10
Number of students 11
Number of teachers 12
Other:_____ .. 13

Purchases:
Hardware 14
Software 15
Outside (consultant) resources 16
Other:_____ 17

Budget:
Distribution 18
In-kind support 19
Other:_____ 20

2. For each modification circled in Question 1, summarize the change from the original plan and the reasons for these changes.

Number Circled in Question 1	Describe the change	Reason for Change

SECTION III: CONTENT

A. Areas of Focus

1. Indicate the major areas emphasized by the project (circle **M** if major emphasis, **S** if secondary emphasis, or **N** if no emphasis):

Curriculum Areas

a. English-Language Arts ..... M S N
b. History-Social Science ..... M S N
c. Mathematics ..... M S N
d. Science ..... M S N
e. Foreign Languages ..... M S N
f. Visual and Performing Arts ..... M S N
g. Health Education ..... M S N
h. Physical Education ..... M S N
i. Vocational Education ..... M S N
j. Other:_____ .. M S N

School-Wide Areas

a. General technology use ..... M S N
b. Technology in the curriculum ..... M S N
c. School restructuring ..... M S N
d. Professional development ..... M S N
e. School climate improvement ..... M S N
f. Other:_____ .. M S N

Process Areas

a. Critical thinking ..... M S N
b. Cooperative learning ..... M S N
c. Study Skills ..... M S N
d. Self-esteem ..... M S N
e. Interest/attitude ..... M S N
f. Other:_____ .. M S N

B. Technology Applications

1. Indicate the type(s) of technology <u>used in the project</u> (circle **M** if major emphasis, **S** if secondary emphasis, or **N** if no emphasis):

a. Computers ..... M S N
b. Laserdisc/Interactive Video ..... M S N
c. Instructional Television (ITV) ..... M S N
d. Cable television ..... M S N
e. Audio/video production (Video cameras, camcorders, editing equipment) ..... M S N
f. Satellite downlink for ITV reception/distance learning ..... M S N
g. LCD Panels, Video Projectors ..... M S N
h. CD ROM ..... M S N
i. Technology for the handicapped ..... M S N
j. Science Lab Equipment (probes, microscopes, weather instruments, etc.) ..... M S N
k. Calculators ..... M S N
l. Telecommunications (telephone, modem, FAX) ..... M S N
m. Music (keyboards, MIDI interfaces, sound digitizers, audio equipment, etc.) ..... M S N
n. Networking of computers in classroom ..... M S N
o. Other: (describe)_____ ..... M S N

2. Indicate the software type(s) used by the project (circle **M** if major emphasis, **S** if secondary emphasis, or **N** if no emphasis).

a. Word processing ..... M S N
b. Desktop publishing ..... M S N
c. Integrated Learning Systems (ILS) ..... M S N
d. Computer Assisted Instruction (CAI) System ..... M S N
e. Hypermedia/multimedia ..... M S N
f. Graphics programs ..... M S N
g. Electronic encyclopedia, reference ..... M S N
h. Database, spreadsheet, other business software ..... M S N
i. Music, voice, speech recognition ..... M S N
j. Programming (Basic, Pascal, C, LOGO, Fortran, etc.) ..... M S N
k. School management ..... M S N
l. Other instructional software (Not CAI or ILS) ..... M S N
m. Telecommunications software ..... M S N
n. Other: (describe)_____ ..... M S N

3. Identify the type(s) of equipment purchased since January 1990 as follows:

Type of Technology	Brand	Model	Quantity Purchased

4. List the five most widely-used software/video/laserdisc/CD-ROM titles for this project, and rate the effectiveness for each title in supporting the project's objectives:

> ***NOTE:*** *In order to rate the effectiveness of these products, we suggest that you ask for the assistance of those staff members who most frequently used them. This information will be added to the state evaluation database and shared among schools.*

Title	Publisher	Type of Media* (circle)	Level Of Effectiveness (circle) None ... Moderate ... Significant
1.		S V L C	1 2 3 4 5
2.		S V L C	1 2 3 4 5
3.		S V L C	1 2 3 4 5
4.		S V L C	1 2 3 4 5
5.		S V L C	1 2 3 4 5

* Type of media: S = Software, V = Video, L = Laserdisc, C = CD-ROM

SECTION IV: PROJECT IMPLEMENTATION

A. Implementation Schedule

1. Planned starting date of the project (from proposal): ..... ___/___/___

2. Actual starting date (date that staff actually started implementing the project activities) ..... ___/___/___

3. If the actual starting date is different from the planned starting date, indicate the major factors that delayed implementation:

Factor(s):

B. Project Management

1. Indicate which person was assigned to manage the project at the school site (circle one):

None assigned	1	District office staff person	5
Classroom teacher(s)	2	Principal	6
Resource teacher	3	Other (title):_____	7
Consultant (non-district employee)	4		

2. Indicate the major sources of individual assistance for project implementation (circle all that apply):

None available	1	County office of education staff	6
A peer or fellow staff person	2	CTP	7
School resource person	3	ITV Agency	8
District resource person	4	Consultant (non-district employee)	9
Library/media resource staff	5	Other (specify):_____	10

3. Indicate the extent that individual assistance for project implementation was available (circle one):

Not at all	1	Usually	3
Seldom	2	Almost always or whenever needed	4

4. Rate the availability of the following resources (circle one for each item below):

Existing Resources	Availability				
	Not at all		Moderate		Significant
a. Administrative support and assistance (school and district)	1	2	3	4	5
b. Staff development opportunities	1	2	3	4	5
c. Planning and implementation time	1	2	3	4	5
d. Staff support and assistance	1	2	3	4	5
e. Access to existing hardware at the school site	1	2	3	4	5
f. Access to existing software/video programs at the school site	1	2	3	4	5
g. Other (describe):_____	1	2	3	4	5
h. Other:_____	1	2	3	4	5

5. Rate the extent to which the project was coordinated with other programs at the school/district level (circle one):

Not at all		Moderately		Significantly
1	2	3	4	5

Specify which programs: _____

6. Indicate the extent to which there was equitable access to project resources among participating students and teachers at the project development site in the designated area (circle one for each item below):

	Not at all		Moderate		Significant
a. Students:	1	2	3	4	5
b. Teachers:	1	2	3	4	5

C. Staff Development and Technical Assistance

1. Indicate the major sources of technical assistance (circle all that apply):

District....1
County office of education....2
CTP....3
Consultant (non-district employee)....4
ITV Agency....5
None available....6
Other (specify):_____....7

2. Indicate the types of technical assistance received (circle all that apply):

Installation and operation of equipment....1
Software selection....2
Technology integration....3
Problem solving/trouble shooting....4
Evaluation assistance....5
Finding resources....6
Other (specify):_____....7

3. For each workshop that was conducted between January 1990 and June 1991:
   - Provide the *workshop title* and *date*.
   - Check the appropriate column for *time spent*.
   - Enter the number of teachers and administrators that attended.
   - Check (√) the *type of workshop* conducted.
   - Check the the type(s) of *co-sponsors* and the assistance they provided.

Workshop Title	Workshop Date	Length of Wkshp.			Number of Attendees	Type of Workshop							Locally Initiated Workshop Topic	Co-Sponsors							
						AB 1470			Other												
		Half-Day or Less	1-2 Days	2-5 Days		Technology Use Planning	AB 1470 Grant Support	Sch. Application Reviews	Awareness	In-depth	In-depth with follow up	Other		School/District	County Office of Ed.	Business/Industry	College/University	Professional Organization	CTP	ITV Agency
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					
11.																					
12.																					
13.																					
14.																					
15.																					
16.																					
17.																					
18.																					
19.																					
20.																					

D. Evaluation Procedures

1. Complete the matrix below as follows:
   - Indicate the level of implementation for each evaluation activity conducted during the developmental phases of this project by circling the appropriate letter:

N	=	Not initiated (but applicable)
P	=	Partially completed
C	=	Completed
n/a	=	Not Applicable

   - If the activity was implemented, rate its usefulness by circling the appropriate number:

Activity	Implementation				Usefulness				
					Not Useful		Moderately Useful		Very Useful
a. Prepared a formal (written) project evaluation plan	N	P	C	n/a	1	2	3	4	5
b. Assigned staff to conduct the evaluation	N	P	C	n/a	1	2	3	4	5
c. Conducted the evaluation as planned	N	P	C	n/a	1	2	3	4	5
d. Modified the original evaluation plan	N	P	C	n/a	1	2	3	4	5
e. Administered assessment instruments	N	P	C	n/a	1	2	3	4	5
f. Documented progress of project implementation	N	P	C	n/a	1	2	3	4	5
g. Collected assessment data from students	N	P	C	n/a	1	2	3	4	5
h. Collected assessment data from staff	N	P	C	n/a	1	2	3	4	5
i. Collected assessment data from community	N	P	C	n/a	1	2	3	4	5
j. Analyzed assessment data	N	P	C	n/a	1	2	3	4	5
k. Prepared report for state and local use	N	P	C	n/a	1	2	3	4	5
l. Other (describe):_____	N	P	C	n/a	1	2	3	4	5
m. Other:_____	N	P	C	n/a	1	2	3	4	5
n. Other:_____	N	P	C	n/a	1	2	3	4	5

2. Did the project plan include on-going assessment activities (formative evaluation)? (circle one):
   Yes 1
   No 2

3. Was the project evaluation plan implemented as stated in the project proposal? (circle one):
   Yes 1
   No 2

   If yes, answer questions 4-6.

4. Indicate who was primarily responsible for the evaluation of your project (circle all that apply):
   School staff 1
   District staff 2
   County office of educ. staff 3
   Contract consultant 4
   Project director 5
   Other:_____ 6

5. Indicate the methods/data sources used to evaluate your project (circle as many as apply):

Quantitative

Standardized achievement test (e.g. CTBS) 1
California Assessment Program (CAP) 2
CAP Writing 3
Proficiency tests/criterion referenced tests 4
Portfolio assessment (with scoring rubric) 5
Student surveys 6
Student attendance 7
Teacher surveys 8
Records of computer use (logs) 9
School climate surveys 10
Other (describe):_____ 11
Other:_____ 12

Qualitative

Portfolio assessment (adapted to the project) 1
Student interviews 2
Case studies 3
Student journals 4
Teacher assessment of student work 5
Classroom observations 6
Teacher interviews 7
Workshop evaluation 8
Teacher journals 9
Changes in school plans 10
Incidental comments by students/staff 11
Other (describe):_____ 12
Other:_____ 13

6. Was an assessment of your project included in....(circle all that apply):

Self Study (school-based self assessment, part of SIP) 1
Program Quality Review (PQR) 2
WASC reviews 3
Other (describe):_____ 4
Site review assessment not conducted during project 5

If you circled any of the choices 1 - 4 in Question 6, answer the following:

Briefly summarize the comments about the project included in the assessment (describe):
Which aspects of the project, if any, were cited as exemplars for your school (describe):

7. Has the project conducted formal evaluations of the impact of any of the following services or activities between January and June (or the present time)? (circle Y or N for each item):

Service or Activity	Yes	No
Project adoption workshops	Y	N
Technology use planning workshops	Y	N
AB 1470 proposal writing workshops	Y	N
Other AB 1470 project assistance	Y	N
Project publications (flyers, newsletters, etc.)	Y	N
On-site technical assistance	Y	N
Telephone assistance	Y	N
Other (list):_____	Y	N
_____	Y	N
_____	Y	N

For any items in Question 7 that Y was circled for, briefly describe the evaluation procedure used (e.g., survey; who completed it and how many?) Please attach a copy of any reports on project activities.

Description:

E. Extent of Implementation

1. Were the original project activities completed as planned? (circle one):
   Yes 1
   No 2

2. Complete the matrix below as follows:
   - List the major project activities
   - Circle **P** if the activity was conducted as planned or **A** if the activity was added to the original grant proposal
   - Indicate the level of completion for each activity using the following scale:

N	=	Not initiated or abandoned
P	=	Partially completed
C	=	Completed
R	=	Repeated or continued next year

Major Activities	P = Planned A = Added		Level of Implementation			
1.	P	A	N	P	C	R
2.	P	A	N	P	C	R
3.	P	A	N	P	C	R
4.	P	A	N	P	C	R
5.	P	A	N	P	C	R
6.	P	A	N	P	C	R
7.	P	A	N	P	C	R
8.	P	A	N	P	C	R
9.	P	A	N	P	C	R
10.	P	A	N	P	C	R
11.	P	A	N	P	C	R
12.	P	A	N	P	C	R

F. Staff Activity

1. Estimate the level of staff effort dedicated to each of the following AB 1470 School-Based Project support activities (circle the appropriate rating for each activity):

Activity	Level of Effort				
	Low		Moderate		High
a. Project adoption workshops	1	2	3	4	5
b. Technology use planning workshops	1	2	3	4	5
c. Proposal development workshops	1	2	3	4	5
d. Site-level proposal development assistance	1	2	3	4	5
e. Assisting in state grant reviews	1	2	3	4	5
f. Newsletter articles related to AB 1470	1	2	3	4	5
g. School-based grant evaluation training	1	2	3	4	5
h. Other AB 1470 support activities (specify):					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
i. Other resources provided (specify):					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

2. Estimate the percentage of project staff time allocated to each of the activities and complete the table below.

Activity Category	Project Director	Technical/Clerical Support	Contract Consultants	Other:_____ _____	Other:_____ _____
Overall planning and management					
State and local project meetings.					
Preparing dissemination materials					
Conducting awareness activites					
Completeing reports and surveys					
Providing assistance and training to adoptors					
District/school activities not directly related to the project					
AB 1470 project support					
Other: _____					
Other: _____					
Total Hours					

3. Use the table below to provide the number of editions and copies of each project-produced publication or product produced from January to June (estimate if completing this form before June).

Publications Produced or Distributed by Project	Number of Publications	Number of Copies Printed
Workshop Schedules		
Project Newsletters		
Announcements, Brochures, Flyers		
Other (specify):		
Total	n/a	

G. Collaboration with Other Agencies

1. Complete the table below as follows:

   - Circle the appropriate number to indicate the estimated level of collaboration with each of the agencies listed.
   - Provide examples of important and/or frequent collaborative activities or projects

Possible Agency Collaborators	Level None Moderate Extensive	Examples
County Office(s) of Education	1 2 3 4 5	
California Technology Project (CTP)	1 2 3 4 5	
ITV Agencies	1 2 3 4 5	
Subject Matter Projects (California Writing, Literature, Math, etc.)	1 2 3 4 5	
IBM California Education Partnership	1 2 3 4 5	
Other Business and Industry	1 2 3 4 5	
Professional Associations (CUE, ACSA, CTA, etc.)	1 2 3 4 5	
SB 1882 Staff Development Consortia	1 2 3 4 5	
Educational Telecommunications Network (ETN)	1 2 3 4 5	
California Department of Ed. Educational Technology Unit	1 2 3 4 5	
Other (describe):	1 2 3 4 5	
Other:	1 2 3 4 5	
Other:	1 2 3 4 5	

H. IBM California Education Partnership

1. How do you anticipate using the IBM equipment and software?

Describe:

2. What training in the use of the equipment have you received to date?

Describe:

3. What support from IBM have your received for setup, use, etc?

Describe:

4. What concerns, if any, do you have about this contribution? (i.e. will the equipment be useful to the project)

Describe:

5. What are the primary benefits of this project?

Describe:

SECTION V: PROJECT DISSEMINATION

A. Marketing Efforts

1. At what time did this project begin dissemination activities? ..... Month_____ Year_____

2. Indicate the level of effectiveness of the following methods for stimulating awareness of your project (circle one number for each item below or circle n/a if this method was not used or if unable to determine impact):

Methods		Awareness Impact				
		None		Moderate		Significant
a. Brochures	n/a	1	2	3	4	5
b. Conference presentation	n/a	1	2	3	4	5
c. "Word of mouth"	n/a	1	2	3	4	5
d. Visitations by interested educators	n/a	1	2	3	4	5
e. CTP teleconferences	n/a	1	2	3	4	5
f. CSUNet information	n/a	1	2	3	4	5
g. Conference exhibits	n/a	1	2	3	4	5
h. AMTEC network	n/a	1	2	3	4	5
i. CDE-Produced video	n/a	1	2	3	4	5
j. District/school presentations	n/a	1	2	3	4	5
k. CTP Quarterly Newsletter	n/a	1	2	3	4	5
l. Articles in other publications	n/a	1	2	3	4	5
m. CDE referrals	n/a	1	2	3	4	5
n. AB 1470 grant information and training	n/a	1	2	3	4	5
o. Visits to school sites	n/a	1	2	3	4	5
p. Other (describe):_____	n/a	1	2	3	4	5
q. Other:_____	n/a	1	2	3	4	5

3. Indicate the products produced for dissemination and adoption of the project:

Description	Quantity Produced January 1990 - June 1991	Cost
a. Brochures - project specific		
b. Contribution to AMTEC brochures		
c. In-depth information portfolio		
d. Training guides		
e. Supplemental training materials		
f. Project-produced video		
g. Other (list):		
h.		
i.		
j.		

4. Indicate the type and frequency of dissemination activities:

Type	Frequency January 1990 - June 1991
a. Conference presentations	
b. Teleconferences	
c. Planned district presentations	
d. Individual contacts	
e. Formal regional workshops	
f. Site visitations	
g. Other (list):	
h.	
i.	
j.	

5. Please rate the support systems that actively helped disseminate information and training related to the project (circle the appropriate rating for each item or circle n/a if not used):

Agency		Level of Assistance None			Moderate	Significant
a. CTP Consortia	n/a	1	2	3	4	5
b. California Department of Education	n/a	1	2	3	4	5
c. County offices of education	n/a	1	2	3	4	5
d. ITV Regional Agencies	n/a	1	2	3	4	5
e. SB 1882 Regional Agencies	n/a	1	2	3	4	5
f. Professional organizations	n/a	1	2	3	4	5
g. CSUNet	n/a	1	2	3	4	5
h. Other (specify):_____	n/a	1	2	3	4	5
i. Other:_____	n/a	1	2	3	4	5

B. Dissemination Evaluation

1. Did you conduct a formal or qualitative assessment of the impact of dissemination activities? (circle one)

Yes 1
No 2

If yes, describe:

C. Adoption/Adaptation

1. List the minimum criteria or elements of the project you would consider essential for another site to be able to state that they adopted your project:

   a. _____
   b. _____
   c. _____
   d. _____
   e. _____
   f. _____
   g. _____
   h. _____

2. List the specific elements of your project which are adopted or adapted most often:

   a. _____
   b. _____
   c. _____
   d. _____
   e. _____
   f. _____
   g. _____
   h. _____

3. Have formal agreements been established between the project and the adoption sites regarding implementation of minimum adoption criteria and services to be provided to for the adoption? (circle one)

   Yes 1
   No 2

4. For each of the adoption evaluation activities listed below:
   - circle **Y** if the activity was conducted or **N** if it was not conducted
   - if the activity was conducted, give the number of adoption sites involved.

Activity	Conducted?		Number of sites
a. Helped AB 1470 adopters to design an evaluation plan	Y	N	#_____
b. Conducted follow-up visits or on-site evaluation of the level of adoption of the project	Y	N	#_____
c. Conducted follow-up telephone evaluation/monitoring of potential adoption sites	Y	N	#_____
d. Ask sites for written documentation or evidence of adoption	Y	N	#_____
e. Conducted survey to determine extent of adoption	Y	N	#_____
f. Other (specify):_____	Y	N	#_____

5. Complete the table below as follows:
   - fill in the school name and district for each of the sites that adopted or adapted the project
   - circle **Y** if the adoption/adaptation site is an AB 1470 School-Based Grant project or **N** if it is not
   - indicate the level of assistance that your project provided by circling the appropriate number:

     1 = Telephone contact only
     2 = On-site contact
     3 = Formal on-site training with follow-up
   - indicate the degree to which the site has adopted elements of your project by circling the appropriate number:

     1 = Minimal involvement
     2 = At least one major element in place
     3 = Most major elements replicated
   - circle **Y** if the site is an exemplary adoption/adaptation that would be suitable for visitation by other educators, **N** if it is not, or **Not Sure** if you do not know.

Adoption Site		AB 1470 Grant?	Level of Assistance Provided	Level of Adoption	Exemplary Adoption?
School	District				
1.		Y N	1 2 3	1 2 3	Y N Not Sure
2.		Y N	1 2 3	1 2 3	Y N Not Sure
3.		Y N	1 2 3	1 2 3	Y N Not Sure
4.		Y N	1 2 3	1 2 3	Y N Not Sure
5.		Y N	1 2 3	1 2 3	Y N Not Sure
6.		Y N	1 2 3	1 2 3	Y N Not Sure
7.		Y N	1 2 3	1 2 3	Y N Not Sure
8.		Y N	1 2 3	1 2 3	Y N Not Sure
9.		Y N	1 2 3	1 2 3	Y N Not Sure
10.		Y N	1 2 3	1 2 3	Y N Not Sure
11.		Y N	1 2 3	1 2 3	Y N Not Sure
12.		Y N	1 2 3	1 2 3	Y N Not Sure
13.		Y N	1 2 3	1 2 3	Y N Not Sure
14		Y N	1 2 3	1 2 3	Y N Not Sure
15.		Y N	1 2 3	1 2 3	Y N Not Sure

6. Please indicate the degree to which each of the following factors serves as an incentive for you to encourage other districts/schools to adopt or adapt your project (circle the appropriate rating for each item or circle n/a if not used):

Factor		Level of Incentive				
		None		Moderate		Significant
a. Recognition for the project	n/a	1	2	3	4	5
b. Recognition of the parent district	n/a	1	2	3	4	5
c. To improve the project's evaluation	n/a	1	2	3	4	5
d. Desire to see others use the project	n/a	1	2	3	4	5
e. Meeting state requirements	n/a	1	2	3	4	5
f. Opportunity to collaborate with other sites	n/a	1	2	3	4	5
g. To help students learn	n/a	1	2	3	4	5
h. Income for sale of materials/services	n/a	1	2	3	4	5
i. Satisfaction of having others value the project	n/a	1	2	3	4	5
j. Enhancement of project to improve chances of future funding	n/a	1	2	3	4	5
k. Other (specify):_____	n/a	1	2	3	4	5
l. Other:_____	n/a	1	2	3	4	5

SECTION VI: PROJECT SUPPORT RESOURCES

A. Services

1. Indicate whether the district or school has assigned a district staff person to assist with the project (circle one):

Full-time 1
Part-time 2
None 3
As needed 4
Other (describe):_____ 5

2. If applicable, indicate the extent that this person was able to help plan and implement the project (circle one):

	Not at all		Moderately		Significantly
	1	2	3	4	5

3. List any other sources of external support that you utilized and the degree of value for each service:

List:

SECTION VII: FUNDING SUPPORT

A. Funding Sources

1. Fill in the table below.

Revenue Sources and Amounts Received to Conduct Project Activites for January - June		Amount Received
Direct Funding Sources	State AB 1470 funds	$
	Workshop fees	
	Service fees from adoption/adaptation sites	
	Direct fiscal agency/host contribution	
	Sale of publications, etc.	
	Business contributions	
	Other grants (list):	
	Other (list):	
	Total direct cash revenue for Jan. - June	
	Estimated value of in-kind support (from Page 25) for Jan. - June	
	Total revenue for Jan. - June	

Anticipated changes:

2. Since the project was initiated, please indicate the value of project support received from state, fiscal agent and donated sources.

	Project Start - Jan	Jan. - June	July - Dec. (Anticipated)
AB 1470	$	$	$
Fiscal Agent			
Value of Donations			

3. Complete the table below as follows:
   - Indicate the level of in-kind* support received by the project from each source by circling the appropriate number.
   - Provide an example of the in-kind support.
   - Enter the estimated dollar value of the in-kind support that your consortium received.

Sources of Support and Contributions	Level None Moderate Extensive	Examples	Estimated Value
Fiscal Agent or Host Agency	1 2 3 4 5		$
County Offices of Education	1 2 3 4 5		
School District(s)	1 2 3 4 5		
Other Level II Projects	1 2 3 4 5		
Calif. Tech. Project (CTP)	1 2 3 4 5		
ITV Agencies	1 2 3 4 5		
Colleges and Universities	1 2 3 4 5		
IBM California Education Partnership	1 2 3 4 5		
Business/Industry	1 2 3 4 5		
Other (describe):	1 2 3 4 5		
Other:	1 2 3 4 5		
Other:	1 2 3 4 5		
Other:	1 2 3 4 5		

Total In-kind Support	$

* Include volunteer services, donations, hardware/software, or anything else that can have a dollar value assigned to it.

Anticipated changes:

B. Project Expenditures

1. Enter separately the amount of the AB 1470 funding, fiscal agent funding, and donations expended for each of the budget categories indicated:

Project Expenses for January - June

(Round to the Nearest $)

	Explanation of Expenditure	AB 1470 Funding	Fiscal Agent Funding	Estimated Value of Donations
1000 Professional Staff Salaries	Project Coordinator			
	Professional Staff			
	Other:			
	Subtotal for 1000 Series	$	$	$
2000 Classified/Support Staff Salaries	Technical Support			
	Clerical Support			
	Other:			
	Subtotal for 2000 Series	$	$	$
3000	Staff Benefits:	$	$	$
4000 Materials/Supplies	Printing			
	Software			
	Office Supplies			
	Other:			
	Subtotal for 4000 Series	$	$	$

(Round to the Nearest $)

		Explanation of Expenditure	AB 1470 Funding	Fiscal Agent Funding	Estimated Value of Donations
5000 Contract Services/Expenses	Services	Consultants			
	Expenses	Facilities			
		Travel			
		Subtotal for 5000 Series	$	$	$
Indirect Costs: Indirect costs are not a required item and can only be entered when a rate has been established. Indirect costs computations exclude the 6000 category. Rate_____%					
6000 Capital Outlay	Equipment	Computers			
		Software			
		Other:			
		Subtotal for 6000 Series	$	$	$
		TOTALS	$	$	$
				GRAND TOTAL	

Anticipated changes:

SECTION VII: SUPPORTING AND IMPEDING FACTORS

1. Review each of the following factors and:
   - Rate the extent to which each was a facilitating factor or an impediment to the ability of the consortium to deliver effective services by circling a number from the following scale:

- 3	= Major impediment
- 2	= Moderate impediment
- 1	= Slight impediment
0	= Not a factor that affects agency operation
+1	= Slight facilitating factor
+2	= Moderate facilitating factor
+3	= Major facilitating factor

   - Add any comments in the spaces provided (especially if a +3 or -3 was circled).

	Rating (circle one) (-) ← 0 → (+)
A. Deducation of AB 1470 funds from LEA Supplemental Grant funding	-3 -2 -1 0 +1 +2 +3
Comments:	
B. Lack of geographically defined area to serve	-3 -2 -1 0 +1 +2 +3
Comments:	
C. Interaction with the CTP	-3 -2 -1 0 +1 +2 +3
Comments:	
D. Fiscal agent for the project	-3 -2 -1 0 +1 +2 +3
Comments:	
E. California Department of Education (CDE) guidelines and expectations	-3 -2 -1 0 +1 +2 +3
Comments:	
F. County office(s) of education	-3 -2 -1 0 +1 +2 +3
Comments:	
G. Technology manufacturers/vendors	-3 -2 -1 0 +1 +2 +3
Comments:	
H. Colleges and universities	-3 -2 -1 0 +1 +2 +3
Comments:	
I. Business and industry	-3 -2 -1 0 +1 +2 +3
Comments:	
J. Packaging materials for dissemination	-3 -2 -1 0 +1 +2 +3
Comments:	

Rating

(-) ← 0 → (+)

K. Level of state (AB 1470) funding	-3 -2 -1 0 +1 +2 +3
Comments:	

L. Availability of staff and/or consultants to provide professional development	-3 -2 -1 0 +1 +2 +3
Comments:	

M. Evaluation expectations for dissemination	-3 -2 -1 0 +1 +2 +3
Comments:	

N. Knowledge of effective dissemination strategies	-3 -2 -1 0 +1 +2 +3
Comments:	

O. Incentives to disseminate outside the district	-3 -2 -1 0 +1 +2 +3
Comments:	

P. Describe and rate other factors that influence the ability of the project to deliver services:	
1.	-3 -2 -1 0 +1 +2 +3
Comments:	
2.	-3 -2 -1 0 +1 +2 +3
Comments:	
3.	-3 -2 -1 0 +1 +2 +3
Comments:	
4.	-3 -2 -1 0 +1 +2 +3
Comments:	

Anticipated changes:

SECTION IX: PROJECT OUTCOMES (at the development/demonstration site)

A. Student Outcomes

1. To what extent did the project actually meet its student objectives? (circle one): ..... Not at all 1 2 3 4 5 Moderately Significantly

> ***NOTE:** To answer this question, review the student objectives as specified in the project proposal.*

2. For each of the following categories, rate the observed change among students participating in instructional activities of this project (circle one for each item below; circle **n/a** if item does not relate to your project):

To what extent has the project INCREASED students'...	Level of Increase					
	Not at all		Moderately		Significantly	
a. Attendance/punctuality	1	2	3	4	5	n/a
b. Interest in technology use	1	2	3	4	5	n/a
c. Frequency of technology use	1	2	3	4	5	n/a
d. Proficiency in the use of technology	1	2	3	4	5	n/a
e. Classroom behavior and study skills	1	2	3	4	5	n/a
f. Problem-solving and higher order thinking skills	1	2	3	4	5	n/a
g. Knowledge and skills in subject areas emphasized by the project	1	2	3	4	5	n/a
h. Interest in school	1	2	3	4	5	n/a
i. Report card grades	1	2	3	4	5	n/a
j. Achievement test scores	1	2	3	4	5	n/a
k. Quality of student work completed	1	2	3	4	5	n/a
l. Student initiative	1	2	3	4	5	n/a
m. Other (describe):_____	1	2	3	4	5	n/a

3. For each area where **4** or **5** was circled in Question 2, elaborate on the student change and how the project contributed to the change.

Item letter from Question 2	Describe the student change and how the project contributed to the change

4. Considering the overall funding and effort of the project, indicate the statement below that best represents the project team's assessment of student benefits (circle one):

Benefits were clearly not worth the effort 1
Some benefits for students were attained but could have been accomplished in other more cost-effective ways 2
Moderate benefits for students were attained that probably could not have been attained without the project 3
Important benefits for students were attained and the effort was clearly worth it 4

B. Staff Outcomes

1. To what extent did the project actually meet its staff development objectives? (circle one): Not at all 1 2 3 4 5 Moderately Significantly

> ***NOTE:** To answer this question, review the original staff development objectives as specified in the project proposal*

2. For each of the following categories, rate the observed change among teachers participating in instructional activities of the project (circle one for each item below; circle n/a if item does not relate to your project):

To what extent has the project INCREASED teacher ability to:	Level of Increase: Not at all				Significantly	
		Moderately				
a. Expand use of resources beyond textbook and other curriculum materials	1	2	3	4	5	n/a
b. Develop concepts/understanding not otherwise possible to teach	1	2	3	4	5	n/a
c. Encourage problem-solving and critical thinking	1	2	3	4	5	n/a
d. Support student-centered learning	1	2	3	4	5	n/a
e. Make teaching more interesting	1	2	3	4	5	n/a
f. Provide interactive experiences with colleagues	1	2	3	4	5	n/a
g. Provide interactive experiences with students	1	2	3	4	5	n/a
h. Provide simulation experiences	1	2	3	4	5	n/a
i. Gain confidence in their own technology use	1	2	3	4	5	n/a
j. Integrate technology into the curriculum	1	2	3	4	5	n/a
k. Evaluate an educational technology program	1	2	3	4	5	n/a
l. Other (describe):_____	1	2	3	4	5	n/a

3. For each area where 4 or 5 was circled in Question 2, elaborate on the change and how the project contributed to the change.

Item letter from Question 2	Describe the change and how the project contributed to the change

4. Rate the degree to which the project led to increased staff usage of technology in the classroom (circle one): Not at all 1 2 3 4 5 Moderately Significantly

5. Considering the overall funding and effort of the project, indicate the statement below that best represents the project team's assessment of teacher benefits (circle one):

Benefits were clearly not worth the effort 1
Some benefits for teachers were attained but could have been accomplished in other more cost-effective ways 2
Moderate benefits for teachers were attained that probably could not have been attained without the project 3
Important benefits for teachers were attained and the effort was clearly worth it 4

C. Program Outcomes

1. Indicate the extent that this project improved the management and coordination of learning resources (circle one): ..... Not at all 1 Moderately 2 3 4 Significantly 5

2. Indicate the extent that this project increased staff familiarity with the California Curriculum Frameworks (circle one): ..... Not at all 1 Moderately 2 3 4 Significantly 5

3. Indicate the extent that this project stimulated staff use of the California Curriculum Frameworks (circle one): ..... Not at all 1 Moderately 2 3 4 Significantly 5

4. Were any aspects of this project incorporated into the School Improvement Plan (SIP) or School Development (SB 1882) Plan? (circle one):

   Yes 1
   To some extent 2
   No 3

5. Indicate the extent that the project is likely to become institutionalized and continued as part of the overall school instructional program (circle one):

   Not at all 1
   Some parts of the project 2
   Most elements of the project 3
   All elements of the project 4
   The project will expand 5
   Other (describe): _____ 6

6. Have other technology uses developed at your school since the implementation of the project? (circle one)

   Yes 1
   No 2

   If yes, did the other uses occur because of the Level II project?

   Definitely 1
   Probably 2
   Not sure 3
   No 4

Describe other uses of technology that did occur because of the Level II project:

7. Describe any other impact that the project has had on the school program:

Description:

D. Impact of Services

1. Complete the table below as follows:
   - If a service was not offered, circle n/a
   - Rate the effectiveness or value to participants of each service that was offered by circling the appropriate number. Feedback can range from completion of formal evaluation instruments to informal comments and testimony.
   - Rate the need for increased service by circling the appropriate number.
   - Circle S if your ratings are based on data obtained from a survey of users or C if based on informal comments, testimony, and/or your own general perception.

Activity	Effectiveness or Value					Need for increased Service					Data Source	
	Not at All		Moderate		High	None		Moderate		High		
Project adoption workshops ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
AB 1470 tech. use planning workshop n/a	1	2	3	4	5	1	2	3	4	5	S	C
AB 1470 proposal writing workshops . n/a	1	2	3	4	5	1	2	3	4	5	S	C
Periodic Level II meetings ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Project newsletters ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Project awareness sessions at conferences..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Teleconferences ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Technology evaluation training ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Other: (specify):_____ ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Other:_____ ... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Other:_____ ... n/a	1	2	3	4	5	1	2	3	4	5	S	C

Anticipated changes:

E. Cost Benefits

1. Given the objectives and expectations of Level II dissemination, has the funding level for your project been (circle one):
   Very insufficient 1
   Somewhat insufficient..... 2
   Adequate 3
   More than adequate 4

2. Would it have been possible to accomplish what your project has achieved without the existence of in-kind funding and volunteer assistance (circle one):
   Yes 1
   No..... 2
   Not sure 3

Comments:

3. To what extent would your project continue to operate if the state (AB 1470) funding were terminated (circle one):

Discontinue all services 1
Discontinue out of district services 2
Continue at the same level 4

Comments:

4. If state (AB 1470) funding were terminated, would you apply for other funding to continue the project? (circle one):

Yes 1
No 2
Not sure 3

5. In general, do you believe the Level II dissemination model is a cost-effective approach to providing information and training about exemplary models to other districts (circle one):

Yes 1
No 2

If no, explain better alternatives:

F. Unanticipated Outcomes

What were the surprises or important learnings that you did not expect when you began this project? Describe the unanticipated outcomes or findings for each of the following categories:

a. Students:
b. Staff:
c. Program:
d. Other:

SECTION X. RECOMMENDATIONS

5. Review all of your responses and make recommendations for each of the following areas as needed:

Organizational structure:
Services offered:
Level of support and sources of other revenue:
Planning:
Collaboration with other agencies:
Evaluation:
AB 1470 funding:
State support:
Coordination with other state programs (SB 1882, etc.):
State expectations for Level II projects:
Other:

SECTION XI. OTHER INFORMATION

Please provide any other information that you believe is relevant to the operation of your Level II Project:

For assistance or further information related to the completion of this form contact:
John Cradler, 415-565-3018 or 415-344-7046; FAX: (415) 344-3604;
AppleLink: K1686; CSUNet: jcradle

ACADEMIC MODEL TECHNOLOGY SCHOOLS
INTERVIEW INVENTORY

FAR WEST LABORATORY

.oject Title_____Date of interview____/____/____

Interviewer_____School sites visited_____

_____

Staff Interviewed (list names and titles):_____

_____

Contact Person(s) for followup questions:_____Tel: ( )_____

BACKGROUND

1. What initially prompted the development of this project?

2. Did this project evolve from an AB 803 project? Explain.

   Would this project have evolved without an AB 803 project?

4. What are the student and staff needs addressed by the project?

5. What are the major goals, or expected outcomes, of the project?

6. Describe the support received for the development of the project (from school, district, etc.)?

7. Comment on the level and type of direction and support provided by the California Department of Education for the development, implementation, and dissemination of this project:

PLANNING

1. Who was primarily involved in planning and developing this project?

2. Did you involve an existing school committee such as the site council?

3. What kind of support/involvement did the committee provide?

4. Did you work with the subject matter project(s), the CTP and/or other agency?

5. How important was planning to the success of this project?

6. Did you develop a Technology Use Plan (TUP)? (A TUP is an adaptation of an existing school plan to include the major technology elements of the project)

7. Describe the extent of district involvement in the planning of the project:?

8. Is there a district educational technology plan that supports this project?

9. Explain any major changes from your original proposal over the past years:

CONTENT

1. Describe the what the project does in the classroom - the specific interventions

2. What are the California Curriculum Framework topics emphasized by the project?

3. How does the project expand instruction beyond what could be done without technology

4. Describe some of the behavioral and affective areas the project was designed to improve:

5. What technologies are emphasized in the project and why were they selected?

IMPLEMENTATION

1. Explain the staff development that was needed to develop and implement the project

2. To what extent were the planned objectives of the project actually implemented?

3. Were there things you wanted to implement but could not?

   If not, why?

4. Describe some of the major impediments to development and implementation?

5. Describe some facilitating factors that assisted implementation:

6. Describe any changes in staffing that impacted implementation:

EVALUATION

1 Describe the evaluation design for the project:

Summative

a. Outcome indicators

b. Target participants

c. Data sources (surveys, tests, etc.)

Formative

a. Implementation indicators (planning, staff development, etc.)

b. Data Sources (self study, observations, etc.)

Evaluation Implementation

a. Assessment schedule

b. Who collected the data (teacher, staff, other)

c. How was the data quantified and analyzed

d. Was an evaluation report developed (if yes provide a copy)

2. Comment on the availability of resources and direction provided by the state, the CTP, and other sources for the evaluation:

3. What could be done to improve the evaluation process for Level II projects?

PROJECT SPECIFIC OUTCOMES

1. Major student outcomes that resulted from the project intervention:

2. Major staff outcomes that resulted from the project intervention:

3. Major school/district outcomes that resulted from the project intervention:

4. Unanticipated outcomes and findings:

5. Please tell a story about a student(s) that benefited from the intervention made possible by this project. Start by telling what the student was able to do before the project, then how he began to change during the project experience, and finally what the student could do (or express) after being involved in the project.

6. Please tell a story about a teacher that benefited from the project (as with the student):

7. Describe the main findings that suggest reasons why a school would want to adopt or adapt your project:

8. Describe the extent to which the technology and software effect the desired outcome(s) for students?

9. Could the observed effects of the project on students have been produced by staff enthusiasm and leadership without the technology? yes___ no___

Explain:

ADOPTION/ADAPTATION

1. Describe the specific products of the project that can be adopted or adapted (Include both promising practices and specific products such as software, guidebooks, lesson plans, and others)

2. Describe the minimum criteria for another school to replicate or adopt the project (what does a school need to do to be able to successfully replicate the project?)

3. Describe the AB 1470 grant writing activities you conducted to assist adoptions (include grant writing help, providing boilerplate documents, telephone assistance.

4. How many adoptors were you able to establish formal "adoption agreements" that describe the collaborative responsibilities of the Level II project and the adoption site?

5. How many schools **within the district** would you consider to be credible or faithful adoptors of the project?

6. How many schools **outside the district** would you consider to be credible or faithful adoptors of the project?

Provide the names of the school districts/sites and contact persons for the schools that produced faithful or credible adoptions of the project (CETAP will followup with telephone interviews of these sites)

8. Provide names of schools districts/sites that said they would adopt but have **not used the services** of the Level II project to assist the adoption:

9. Describe what adoptors did or what situations made them successful adoptors:

10. Describe the major activities and services that you provided to assist schools to adopt your project

11. Describe what the Level II staff did that was most effective in producing successful adoptions:

12. Try to describe the cost-benefits to schools of having available projects such as the Level II projects that are already packaged and ready to adopt or adapt

BEST COPY AVAILABLE

13. Please tell a story about an adoptor that benefited from adaptation of this project. Start by telling what the school or program was able to do before the project, then how it began to change during the project adoption, and finally what the school was like after being involved in the project.

DISSEMINATION AND MARKETING

1. Describe the project awareness procedures used by the project: (these may include conferences, brochures, video tapes, road shows, teleconferences, word-of-mouth and other)

2. Which awareness and marketing procedures seemed to produce the greatest impact in terms of adoptions or adaptations of the project?

3. What tended to be the most effective service agency in assisting the dissemination of project awareness information?

FUNDING AND PARTNERSHIP SUPPORT

1. Tell me the funding levels received for each year of the project:

2. What is the estimated cost, including equipment and training for a school to adopt the major elements of your project:

3. Estimate the percentage of funding for dissemination activities during 1989-90 and 90-91.

4. What components of the project seemed to be underfunded?

5. Describe the types of "in-kind" support provided to the project by the school district.

6. Describe the "in-kind" or donation support from business partnerships provided for the project:

7. Was sufficient support provided by the school-based grant program to fund the adoptors of the project.

8. Please comment on the extent of implementation by this project of the IBM partnership component:

9. Please comment on the extent of adoption or adaptation of the IBM component: by other schools:

10. If you did not receive the AB 803 and later AB 1470 funding with the related guidelines for project planning and implementation, to what extent do you believe that the project would have been implemented?

THE FUTURE

1. It is likely that funding will be available. . . do you plan to continue the project next year? yes___no___If not explain:

8. Describe how you plan to use the funding that will be available for 1991-92.

What could be done by the CTP to facilitate dissemination of the project?

9. What could be done by the state facilitate implementation of the project for 1991-92 and beyond.

10. Do you support continuation of the AMTEC Coalition?

COMMENTS AND RECOMMENDATIONS

AMTP 19 91 Evaluation Planning Matrix

CIP Title_____ School_____

Teacher_____ Date__/__/__

Evaluator _____

Data Sources/Evaluation Measures and Procedures

Data Sources/Evaluation Measures and Procedures	✓ Selected Procedure	Student Indicators					Staff Indicators				Project Indicators				Data Type		Collecte From			Project Level	
		Subject Matter*	Cognitive Skills	Study Skills	Affective Behavior	Technology Applications	Staff Development Impact	Level of Use	Learning Resources Mgmt	Technology Applications	Project Management	Impediments	Support Factors	Implementation Level	Qualitative	Quantitative	Students	Teachers	Project/Dist. Staff	CIP Specific	Project Wide
Report Card Impact Assessment (AMTP Influence on Student Grades)		●	◔	●	●	◔	○	○	○	○	○	○	○	○	◔	◔	○	●	○	○	○
Student Surveys (Student Reactions to Project Interventions)		●	◔	◔	◔	●	○	○	○	○	○	○	○	◔	●	◔	●	○	○	◔	●
Portfolio Assessment (Student Work Samples Adapted to Selected CIPs)		●	●	●	◔	●	○	○	○	○	○	○	○	○	●	◔	●	○	○	●	○
District/CAP Writing Samples		●	◔	◔	○	○	○	○	○	○	○	○	○	○	○	●	○	○	●	●	○
Proficiency Tests/Criterion Referenced Measures		●	○	○	○	○	○	○	○	○	○	○	○	○	○	●	○	●	●	●	○
Standardized Achievement Test (eg. CTBS)		●	◔	◔	○	○	○	○	○	○	○	○	○	○	○	●	○	○	●	○	◔
California Assessment Program (CAP)		●	○	○	○	○	○	○	○	○	○	○	○	○	○	●	○	○	●	○	◔
Case Studies (Based on Portfolio and Performance Assessment)		●	●	●	●	●	○	○	○	○	○	○	○	◔	●	○	●	●	○	○	○
Student Attendance		○	○	●	◔	○	○	○	○	○	○	◔	◔	○	○	●	○	○	●	●	◔
Classroom Observations		◔	◔	◔	◔	●	◔	◔	●	●	○	●	●	●	●	◔	○	●	●	●	○
Inventory of Teacher Reactions to AMTP Strategies and Interventions		◔	◔	◔	◔	●	●	◔	●	●	◔	●	●	◔	●	◔	○	●	○	○	●
Records of Computer and Other Technology Use (Logs)		○	○	○	○	●	○	○	○	●	○	○	○	○	○	○	●	●	○	●	○
Individualized Affective Measures		○	○	○	●	○	○	○	○	○	○	○	○	○	○	○	●	○	○	●	○
Review of SIP Plans and Self Study/PQR Reports		○	○	○	○	◔	●	◔	◔	◔	●	●	○	○	●	○	○	○	●	○	●
Teacher Interviews (Structured Interview)		◔	◔	◔	◔	●	●	●	●	●	◔	●	◔	◔	◔	○	○	●	○	●	●
Curriculum Alignment Criterion Assessment		○	○	○	○	○	○	○	◔	◔	○	○	○	◔	○	○	○	●	●	○	○
Project Product Assessment		○	○	○	○	○	○	●	◔	●	○	○	◔	●	◔	◔	○	●	●	●	○
Workshop Evaluations		○	○	○	○	○	●	◔	◔	◔	◔	◔	○	◔	●	○	○	●	○	◔	○
Project Plan Activities Level of Implementation		○	○	○	○	◔	◔	◔	◔	◔	●	●	◔	●	◔	●	○	●	●	●	◔
Business Partnership Contributions		○	○	○	○	○	○	○	○	○	○	○	●	○	●	○	○	○	●	○	●
Parent Involvement/Participation Survey		○	○	○	○	○	○	○	○	○	○	○	●	○	●	◔	○	●	●	●	○
Assessment of Needs/Priorities Over Time		○	○	○	○	○	○	○	○	○	○	○	◔	●	●	○	○	●	●	●	●
Incidental Comments by Students/Staff		○	○	○	○	○	○	○	○	○	○	○	◔	◔	●	○	●	●	●	●	●

* Subject Matter may include: English-Language Arts, History-Soc. Sci., Math, Science, Industrial Arts, Visual-Perf. Arts., Health Ed., Environmental Ed., Foreign Languages, etc.

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Project Adoption Status Inventory

This inventory is designed to (1) provide adopters with the minimum criteria for the option of the project and (2) gather information about the degree to which the project has been adopted. The person responsible for completing the inventory should be someone who is directly involved in the implementation of the program on a "classroom level" or school and/or district-wide basis. "Classroom level only" means the activity can only be observed on a self-contained basis in a single classroom and is supervised by a "school and/or district-wide" staff member. Indicate below with an "X" under the appropriate category on the right if the activity listed on the left has been, or is actually being carried out.

School/District

Person completing Form

/ /
Date

Activities The following are activities necessary or suggested for the successful implementation of the project.	A Classroom Level Only	B School/District-Wide	Suggested, but Optional Activity for A or B

Academic Model Technology Program Adoption Survey

This survey is to be used for gathering the information needed to complete the "Adoption Status Report." The responses to the questions may be obtained by having the adopters complete the survey or by telephone or a combination of both.

Name of Agency:_____ Contact Person:_____

Address:_____ Phone:_____

1. Type of community where the adoption site is located:_____large city over 200,000; _____city of 50 to 100,000;_____suburban, 10 to 50,000;_____rural, 1000 to 10,000; _____rural under 1000.

2. Total number of staff participating in this adoption/adaption: certificated_____; non-certificated_____.

3. Total number of students **directly** participating in this adoption by grade level:

Grade	K	1	2	3	4	5	6	7	8	9	10	11	12	Adult	Total
Number															

4. Total number of classrooms served by this project:_____.

5. Total state funds expended for hardware: $_____; for software: $_____; for staff development: $_____.

6. Total district funds expended for hardware: $_____; for software: $_____; for staff development: $_____.

7. Status of this adoption or adaption:

   Necessary materials obtained..... _____
   Training Scheduled..... _____
   Training completed ..... _____
   Key elements implemented, minimum criteria met and adoption agreement signed ..... _____
   Program has been expanded to new classrooms, schools, grade levels, etc. ..... _____
   Adoption project has become a certified training or demonstration site..... _____

8. Can the **key elements** of the AMTP project be easily identified in this adoption? Yes_____; Somewhat_____; No_____

9. Evaluation status for this adoption:

No information ..... _____
Evaluation is complete, but the evaluation plan and/or tests are not comparable to the original project. ..... _____
Evaluation plan and tests are the same or comparable ..... _____

Results are not yet available ..... _____
Results are available but not usable ..... _____
Results are available and usable ..... _____

10. Known funding sources for this adoption: AB 1470_____; General fund_____; Chapter I_____; Chapter II_____; SIP_____; Lottery_____; SB 1882_____.

11. Source of awareness about this project: awareness seminar_____; regional facilities_____; county office_____; professional conference_____; printed bulletin_____; word of mouth_____; other_____

Additional survey questions might be added by the director of the Academic Model Technology Program.

Adoption Adaption Agreement

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Representatives of each project - the Academic Model Technology Schools Project and the School-Based Adoption site have reviewed all information needed to enter into an agreement that will facilitate the faithful and effective adoption or adaptation of Project_____. The Level II project agrees to provide the services and resources identified on the planning form. The School-Based Adoption site agrees to provide the support and resources for the staff to successfully adopt or adapt Project_____.

Added conditions of the agreement: _____

_____

_____

_____

Project Starting Date_____Project Termination Date_____

Level II Project Director_____

Level II Project Support Staff (if appropriate)_____

Adoption Site Project Director_____

Adoption Site Principal_____

Adoption Site Staff_____

_____

_____

Academic Model Technology Schools (Level II MTS)

ESS

School-Based Educational Technology Grants
Adoption/Adaptation Agreement Planning Form

This form is designed to be used as a planning form and as part of the contract between the Level II project and the adoption site to facilitate the effective adoption or adaptation of the Level II project. Use this form to describe the specific activities to be implemented and resources to be provided by both the Level II dissemination project and the school/district adopting or adapting the project. Upon agreement between the representatives of each project regarding the activities, resoures, and budget allocations for this adoption/adaption of this Level II project all parties will sign the attached agreement form.

	Level II Project_____			School-Based Adoptor_____		
Component	Activities	Resources	Date(s)	Activities	Resources	Date(s)
Awareness						
Planning						
Staff Development						
Implementation						
Followup Assistance						
Evaluation						
Materials						

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Academic Model Technology Program On-Site Evaluation

District:_____ School(s):_____

Reviewer:_____ Title:_____ Date:__/__/__ Time:_____

Names of project staff available for visitation:_____

_____

_____

A. Questions to ask project staff during the on-site visit:

1. How many months has it been since the program was implemented?_____
   Were there any delays? Yes_____ No_____ If yes, explain_____
   _____
2. Was all necessary training provided? Yes_____ No_____
   If no, explain:_____
3. Were all necessary materials available when needed? Yes_____ No_____
   If no, explain:_____
4. Was it possible to implement most of the key elements of the program?
   Yes_____ No_____ If no, explain:_____
5. Were there additional services that would have been helpful to facilitate implementation? No_____ Yes_____ If yes, explain:_____
   _____
6. Were there any deviations from your original proposed plan? No_____ Yes_____
   If yes, explain:_____
   _____
7. Were your expectations about the project generally met? Yes_____ No_____
   If no, explain:_____
   _____
8. On a scale of one through 10, with one as low and 10 as high, rate the following:
   Satisfaction of staff (teachers, aides, etc.) **directly** involved..... _____
   Satisfaction of staff **indirectly** involved..... _____
   Perceived effectiveness in improving student achievement..... _____
   Perceived effectiveness in improving student interest/attitude..... _____
   Level of project implementation ..... _____

B. Observations made during the on-site visit:

1. I was able to observe:_____
   _____

2. From your observations, rate the following on a scale of 1-10:

Enthusiasm of the teachers.....	____	Adherence to minimum criteria.....	____
Enthusiasm of the Principal.....	____	Apparent need for the program	____
Student motivation.....	____	Creative adaptations of the program.	____
Overall organization.....	____	Appropriateness as a visitation site...	____
Level of curriculum alignment.....	____	Use of learning resources.....	____
Involvement of school planning groups.....	____		

3. Other observations:_____

_____

_____

4. Positive comments made by project staff:_____

_____

_____

5. Negative comments made by project staff:_____

_____

_____

7. Suggestions by project staff:_____

_____

_____

C. Conclusions and recommendations

1. Overall rating (on a scale of 1-10) by this observer of this project as a faithful and/or reasonable adoption of the model project:_____
2. Comments and recommendations:_____

_____

_____

_____

_____

_____

_____

Signed_____

Date___/___/___

Portfolio Assessment Plan

Project Title:_____ Teacher(s):_____

hool_____ Date:___/___/___

H & E Staff Person:_____ CIP Initiation Date:___/___/___

1. CIP Student Objective

2. CIP Intervention: Describe the instructional intervention that relates to the student work samples to be collected.

3. Describe the work sample or project that provides evidence of the degree to which the student is accomplishing the CIP student objective above:

Description	Scoring Criteria (in addition to MMTS criteria)

4. Work Sample Collection Schedule

	Periodic Sample Collection Dates								
Work Sample	1	2	3	4	5	6	7	8	9

Portfolio Scoring Criteria

Project Title:_____ Teacher(s):_____

hool_____ Date:___/___/___

,, & E Staff Person:_____ CIP Initiation Date:___/___/___

Area of Emphasis: 1. None or little 3. Moderate
2. Some 4. High

Student Impact

General Criteria	Planned				Observed			
	1	2	3	4	1	2	3	4
A. Proactive Behavioral Responses								
B. Technology Use								
C. General Curriculum Area								
D. Specific Academic Impact (refer to and select from the Curriculum Alignment Checklist)								

Section 4

Instructional Television Assessment Instruments

- Self-Assessment Inventory
- Assessment of ITV and Media Services
- Additional California-Specific Items for the CPB Survey

INSTRUCTIONAL TELEVISION REGIONAL AGENCY SELF-ASSESSMENT INVENTORY

California Department of Education and Far West Laboratory for Educational Research and Development

Agency Title: _____

Mailing Address: _____

Person(s) providing information for this survey: _____

Telephone: _____

This inventory will provide data needed to complete the report of the California Educational Technology Assessment Project. **Please review the information relevant to your Agency included in last year's report before completing the form.** For each item provide data about the _____ fiscal year (July 1 to June 30). Also, describe major changes that are **anticipated** for the fiscal year, **if any**. Please be as accurate as possible and don't hesitate to call for assistance.

I. BACKGROUND INFORMATION

1. Service Area. Were there any changes in the geographic area served by the Agency since _____? Yes ☐ No ☐ If yes, describe:

Anticipated changes:

2. Organizational Structure. Were there any changes in the Agency Sponsor or organizational structure of the Agency since last year? Yes ☐ No ☐ If yes, describe:

Anticipated changes:

3. Agency Membership. Were there any changes in the Agency membership requirements or fee structure since 1989-90? Yes ☐ No ☐ If yes, describe:

Anticipated changes:

4. Population Served. In the table below estimate the population of students, teachers, and schools in the Agency's service area . (ITV Agencies that do not charge membership fees may omit the last two columns):

Groups Served	Total Number in Service Area	Number of Agency Members	Percent of Total Agency Members
Public School Students			
Private School Students			
Total Students			
Public School Teachers			
Private School Teachers			
Total Teachers			
Public Schools*			
Private Schools			
Total Schools			

* Include county office programs

Anticipated changes:

5. County Office of Education Service Delivery. In some ITV regions, county offices of education serve as intermediate agencies between the ITV Agency and the schools. Please answer the following questions as they pertain to the county offices in your region.

- Does your ITV Agency provide direct service to county media directors or coordinators or others serving in that capacity? Yes ☐ No ☐

- Considering all of the ITV utilization services and resources provided *directly* to schools in your service area, estimate the proportions of ITV services provided by county office staff personnel in comparison with your Agency staff.

	Service Level to Schools					
	None	Low		Moderate		Most
Agency	0	1	2	3	4	5
ITV Agency						
County Office						

- To what extent do you think that school-site staff perceive that ITV utilization services are provided by your ITV agency or by media department staff of the county office of education?

School Perception of Source of ITV Services

	None	Low		Moderate		Most
Agency	0	1	2	3	4	5
ITV Agency						
County Office						

- Use this space to describe the method of planning, coordination, and delivery of services between the ITV agency and the county offices:

Anticipated changes:

II. PLANNING AND RESTRUCTURING

1. Needs Addressed. How does your Agency assess the needs of schools in the region for ITV services? Please describe briefly.

Were there any changes in the educational and program needs to be addressed by the Agency?
Yes ☐ No ☐ If yes, describe any changes for each category as appropriate:

- Curriculum

- Student Needs

- Staff Development Needs in Region

- Agency Needs (Staff training, membership expansion, etc.)

- Other

2. Planning Procedures. Does your Agency develop an annual plan? Yes ☐ No ☐

- Does your Agency have a formal planning group or policy committee? Yes ☐ No ☐
  If yes, who is represented on the committee? (Give titles and how each member is selected)

- Are any county office of education staff members involved in ITV Agency planning?
  Yes ☐ No ☐ If yes, how often does such involvement occur? Annually ☐ Monthly ☐
  Bimonthly ☐ Other ☐ (Describe)

- What proportion of your Agency's planning group is made up of county office personnel?
  None ☐ Very little ☐ Some ☐ Most ☐ Entirely ☐

- Does the planning group approve the Agency's annual operating plan? Yes ☐ No ☐

- What CDE initiatives or priorities were considered when the plan was developed? Check:
  Curriculum Alignment ☐ Learning Resource Management ☐ Staff Development ☐
  School-Based Technology-Use Planning ☐ Evaluation and Accountability ☐

- To what extent is the Agency plan used as a working document that guides the day-to-day implementation of the annual plan? Check one: Never ☐ Seldom ☐ Often ☐

- Do the any of "consumers" of your Agency's services review and have input to the annual plan? Yes ☐ No ☐ If yes, explain how they are able to provide input.

- How often is the operations plan revised? Never ☐ Monthly ☐ Bimonthly ☐
  Biannually ☐ Annually ☐

3. ITV Utilization Surveys. Has your Agency collected any information related to ITV programs used, evaluation of programs used, level of ITV use, teacher perceptions of student impact, etc.? Yes ☐ No ☐ If yes, describe briefly and attach reports if available:

Anticipated changes:

4. Agency Goals and Priorities. Review last year's Management Plan that the Agency submitted to the CDE. Were there any changes in goals? Yes ☐ No ☐ If yes, state the changes or new goals:

Anticipated 1991-92 changes:

III. PROGRAM CONTENT AND IMPLEMENTATION

1. Programming Distribution. Please complete the following tables to provide data on the distribution of ITV series programming and videocassettes during 1990-91:

Programming Distribution	Number of Series	Number of Programs	Hours/Week	Hours/Year
PBS Broadcast				
ITFS Broadcast				
Cable Broadcast				
Block Feed (Broadcast)				
Block Feed (Cable)				
Other				
Total	n/a	n/a		

Anticipated changes:

Videocassette Distribution	Number of Series	Number of Programs	Number of Cassettes
Agency Circulation/Loans			
Agency Sales			
County Office Loans			
District Loans			
County Office Sales			
District Sales			
Other			
Total			

Anticipated changes:

2. Professional Development. Estimate the number of teachers and administrators who took part in each of the categories of workshops indicated in the table below and provide the number of workshops of different length that were delivered:

Type of Workshop	Total Number of Participants		Number of Workshops			
	Teachers	Administrators	1/2 Day or Less	One Day	One Day Plus	Total
Basic ITV Utilization (Introductory)						
ITV used to support... English-Language Arts						
History-Social Science						
Science						
Mathematics						
Foreign Language						
Visual and Performing Arts						
Other(s):						
Totals						

Anticipated changes:

3. Support for AB 1470 Project Development. Estimate the number of teachers and administrators who took part in each type of support activity, the days of staff time devoted to each, and the number of workshops of different length given in each category in the table below:

Activity	Total Number of Participants		Est. Days of Staff Time		Number of Workshops			
	Teachers	Administrators	Agency Staff	Other	1/2 Day or Less	One Day	One Day Plus	Total
Technology Use Planning Workshops								
Proposal Development Workshops								
Site-level Project Development Assistance								
Assistance in CTP AB 1470 Training								
Newsletter Articles Related to AB 1470								
Other AB 1470 Support Activities								
Other Resources Contributed (Fill-in):								
Totals								

Anticipated changes:

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4. Publication Production. Use the table below to provide the number of copies of each publication or product produced by your Agency in 1990-91:

Publications Produced or Distributed by ITV Agency	Number of Copies	Approximate Cost to Agency
Program Guides/Schedules		
Agency Newsletters		
Inserts for County Office Newsletters		
Announcements, Brochures, Flyers		
Student Lessons or Worksheets		
Curriculum Integration Guides or Packets		
Series Teachers' Guides (Circulated and Sold)		
Other (Fill-in):		
Total		

Anticipated changes:

5. 1990-91 Support for CDE Priorities. Even though *this was a new requirement* please rate the extent to which your Agency has addressed the recommendations for educational reform stated in the *California Education Summit: Meeting the Challenge, the Schools Respond:*

0 = Not applicable
1 = Sightly addressed
2 = Moderately addressed
3 = Significantly addressed

Then check √ the areas where additional programming is needed to better support the State Summit Guidelines.

CDE Summit Priority	This Year				Anticipated			
	0	1	2	3	0	1	2	3
Increasing Accountability and Improving Assessment								
Enhancing the Curriculum								
Improving High School Transitions								
Improving Adult Literacy								
Organizing Effective Services for Children, Youth, Families At Risk								
Restructuring to Improve Student Performance								
Improving Teacher Preparation and Recruitment								

Comments:

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6.Collaboration with Other Agencies.

(1) Check √ the appropriate column to indicate the estimated extent of collaboration with each of the agencies listed as follows:

0 = None; 1 = Minimal; 2 = Moderate; 3 = Extensive

(2) Provide examples of important and/or frequent collaborative activities or projects:

Possible Agency Collaborators	(1) Level 0	1	2	3	(2) Examples
CDE Educ. Technology Unit					
County Office Media Dept. Staff					
Subject Matter Projects (e.g. Lit.)					
CIVC and/or Other ITV Agencies					
Local PBS Station(s)					
Local Cable System Operators					
Calif. Tech. Project (CTP)					
CTP Regional Consortia					
SB 1882 Staff Development Consortia					
Educational Telecom. Network					
Professional Associations					
Other(s) (Foundations, etc.)					

7. Evaluation Implementation Procedures. Has your ITV Agency conducted formal evaluations of the impact of any of the following services or activities?

Agency Service or Activity	Yes	No
Basic ITV Utilization Workshops		
Curriculum Alignment Workshops (In-depth)		
AB 1470 Proposal Writing Workshops		
AB 1470 Project Evaluation Workshops		
Other AB 1470 Project Assistance		
ITV Program Guides/Schedules		
ITV Agency Newsletters		
Other Publications (flyers, lessons, etc.)		
Individual Assistance		
Technical Support		
Telephone Assistance		
Other (List)		

- For any items checked yes, briefly explain the evaluation procedure used (e.g., Survey; who completed it and how many? Interview; who was interviewed? By whom?)

- Has your ITV Agency conducted evaluation of ITV programming through teacher surveys, interviews, viewer reaction forms? Yes ☐ No ☐ If yes, describe briefly:

- If your ITV Agency provides services to the media/technology staff personnel of county offices of education in your region, were these services evaluated? Yes ☐ No ☐ If yes, explain briefly:

- Briefly describe the procedures that are used in your region to evaluate ITV programming to (a) make recommendations to the CDE for state-wide licensing and (b) for making decisions about acquiring the rights to distribute ITV series in your region.

Anticipated changes:

IV. FUNDING RESOURCES AND CONSTRAINTS

1. Revenue. Review last year's budget and enter the amounts of direct funding from each of the following sources. Then put in the total of estimated in-kind (leveraged) support (from Item 2, on the next page) provided for the ITV Agency and calculate the total:

Revenue Sources and Amounts Received	Amount Received
State AB 1470 ITV Grant	$
Membership Fees	
Direct Fiscal Agency/Host Contribution	
Sale of Publications	
Sale of Videotape Cassettes	
Video Duplication Services	
Satellite Services	
Workshop Fees	
Other	
Total Cash Revenue	
Total Leveraged Support	
Total Revenue	

Anticipated changes:

2. Estimated In-kind (Leveraged) Support.

(1) Check √ the level of "in kind" support from other agencies as follows:

0 = None; 1 = Less than expected; 2 = What you would expect; 3 = Beyond expectations.

(2) Briefly describe an example of the type of in-kind support

(3) Estimate and enter the *dollar value* of the in-kind support received by your Agency.

Source of Support/Contributions	(1)Level 0	1	2	3	(2) Examples	(3) $ Value
CDE Educ. Technology Unit (Beyond the AB 1470 Grant)						$
Fiscal Agency or Host Institution						
County Office Media Dept. Staff						
Member District Media Dept. Staff						
CIVC and/or Other ITV Agencies						
Local PBS Station or Stations						
Local Cable System Operators						
Calif. Tech. Project (CTP)						
CTP Regional Consortia						
SB 1882 Staff Development Consortia						
Educational Telecom. Network						
Business and Industry Partnerships						
Other (Foundations, etc.)						
Volunteer Assistance						Total Hours

173

3. Expenditures. Enter separately the amounts of direct funding from the AB 1470 grant and your host agency, the estimated in-kind funding, and of donations for each of the categories of expenditures indicated in the table below:

ITV Agency Expenditures and Funding Sources

(Round to the Nearest $)

	Explanation of Expenditure	AB 1470 ITVGrant	Direct Host Agency Funding	Value of In-kind Host Agnecy Support	Donations/ Grants/Other
1000 Professional Staff Salaries	Agency Director FTE =_____				
	Professional Staff FTE=_____				
	Other (Include FTE):				
	Subtotal for 1000 Series	$	$	$	$
2000 Classified/Support Staff Salaries	Technical Support FTE =_____				
	Clerical Support FTE=_____				
	Other (Include FTE):				
	Subtotal for 2000 Series	$	$	$	$
3000	Staff Benefits:	$	$	$	$
4000 Materials/Supplies	Printing: Guides				
	Printing: Newsletters				
	Video Tapes				
	ITV Program Acquisition				
	Other:				
	Subtotal for 4000 Series	$	$	$	$

(Round to the Nearest $)

		Explanation of Expenditure	AB 1470 ITVGrant	Direct Host Agency Funding	Value of In-kind Host Agnecy Support	Donations/ Grants/Other
5000 Contract Services/Expenses	Services	Consultants: Total FTE____				
		Broadcast Services				
		Video Duplication				
	Expenses	Facilities				
		Travel				
		Subtotal for 5000 Series	$	$	$	$
Indirect Costs:		Indirect costs are not a required item and can only be entered when a rate has been established. Indirect costs computations exclude the 6000 category. Rate_____%				
6000 Capital Outlay	Equipment	Computers				
		VCRs				
		Other:				
		Subtotal for 6000 Series	$	$	$	$
		TOTALS	$	$	$	$
					GRAND TOTAL	

Anticipated changes:

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4. Allocation of Agency Staff Time. Estimate the amounts of Agency staff time in FTEs for each category of staff that was allocated to each category of activities in the table below:

Activity Category	Agency Director	Professional Staff	Technical/ Clerical Support	Contract Services	Total FTE (Can exceed 1.0)
Planning and Management					
Professional Development					
Publications Production					
Video Production					
Marketing Membership					
Marketing ITV					
Video Duplication					
Video Circulation					
Agency Assessment					
AB 1470 Grant Assistance					
Total FTE*					

* Must equal FTEs shown on pages 12 and13

Other Staff Support. Have any volunteers or staff members not identified above from other offices or agencies allocated time to any of these or other activities? Yes ☐ No ☐ If yes, describe the level of staff support (in amount of time or in percent of FTEs, as above), the activity performed, and the contributing agency in the space below:

Anticipated changes:

5. Factors Facilitating or Impeding ITV Agency Service Delivery. Review each of the following factors and rate the extent to which each was a facilitating factor or an impediment to the ability of the Agency to deliver effective services. Add any comments in the spaces provided. *Circle the rating according to the following:*

- -3 = Major impediment
- -2 = Moderate impediment
- -1 = Slight impediment
- 0 = Not a factor that affects agency operations
- +1 = Slight facilitating factor
- +2 = Moderate facilitating factor
- +3 = Major facilitating factor

	Rating (Circle One) (-) ← → (+)
A. Geographic size of service area	-3 -2 -1 0 +1 +2 +3
Comments:	
B. Interaction with Agency Sponsor	-3 -2 -1 0 +1 +2 +3
C. Interaction with California Department of Education (CDE)	-3 -2 -1 0 +1 +2 +3
D. Interaction with county office media departments in service area	-3 -2 -1 0 +1 +2 +3
E. Recruiting districts or schools for ITV membership services	-3 -2 -1 0 +1 +2 +3
F. Changes in demographics of population in service area	-3 -2 -1 0 +1 +2 +3
G. Capabilities of ITV broadcasting equipment	-3 -2 -1 0 +1 +2 +3
H. Capabilities of ITFS broadcasting equipment	-3 -2 -1 0 +1 +2 +3
I. Distribution of videotape cassettes to schools	-3 -2 -1 0 +1 +2 +3
J. Level of support from CDE	-3 -2 -1 0 +1 +2 +3

	Rating (Circle One) (-) ← 0 → (+)
K. Level of support from host agency	-3 -2 -1 0 +1 +2 +3
L. Level of support from membership fees	-3 -2 -1 0 +1 +2 +3
M. Staff available to provide professional development training	-3 -2 -1 0 +1 +2 +3
N. Capabilities for producing and distributing ITV publications	-3 -2 -1 0 +1 +2 +3
O. Capabilities for assessing impact of Agency services on ITV utilization	-3 -2 -1 0 +1 +2 +3
P. Assisting the development and implementation of AB 1470 Grants	3 -2 -1 0 +1 +2 +3
Q. Describe and rate other factors that affect the ability of the agency to deliver services:	
1.	-3 -2 -1 0 +1 +2 +3
2.	-3 -2 -1 0 +1 +2 +3
3.	-3 -2 -1 0 +1 +2 +3
4.	-3 -2 -1 0 +1 +2 +3

V. OUTCOMES

1. Influence of AB 1470 on ITV Use. Estimate the extent to which the AB 1470 School- Based Educational Technology Grant projects in your service area that include ITV might increase their utilization of ITV and instructional video over the next two years:

Not enough information to estimate ☐
Slight increase ☐
Moderate increase ☐
Significant increase ☐

Comments:

2. Marketing Effort and Impact. Use the following table to estimate the *level of effort*, *allocation of Agency funding*, and *level of impact* for each of the ITV marketing activities listed:

Total Amount. Estimate the total amount of Agency budget from each source below that is devoted to marketing activities:

$ _____ AB 1470 $ _____ Host Agency $ _____ In-kind

n/a = Not applicable or none; 1 = Low; 2 = Moderate; 3 = High

Percent Budget = Estimated percent of total Agency budget allocated for each activity

Marketing Activity	n/a	Percent of Budget		Level of Effort			Level of Impact		
		AB 1470	In-kind	1	2	3	1	2	3
Publication of ITV Agency Guide/Schedule									
Publication of Newsletters									
Announcements, Brochures, Flyers									
Publication of Articles in Journals and Magazines									
Public Service Announcements on PBS Stations									
Exhibit Booth at Conferences*									
Making Presentations at Conferences*									
Supporting or Facilitating ITV User Groups									
Providing Awards for Exemplary ITV Users									
Public Relations Efforts with Policy Makers									
Other (Fill-in)									

* Include Expenses

Anticipated changes:

3. Teacher ITV Use. Please estimate the percentages of elementary, middle grades, and high school teachers in your service area who use instructional video at each grade level stated below. **Note:** The total for each grade level and the overall total should equal 100%.

Level of ITV Use	Elementary Teachers	Middle Grades Teachers	High School Teachers	Total of All Teachers
Never				
Once or Twice a Month (Rarely)				
Once or Twice a Week (Occasionally)				
Three or Four Times a Week (Often)				
Almost Every Day (Very Often)				
Total	100%	100%	100%	100%

Anticipated changes:

4. Support for Curriculum Framework Alignment. Please rate the extent to which there are effective ITV series or programs currently available from your ITV agency to help schools align instruction with and support the California State Curriculum Frameworks. Write in the number that matches your judgment:

1 = Little or no programming available
2 = A few programs available
3 = An adequate number of programs available
4 = An abundance of programs available

Check √ the areas where additional programming is needed to better support the State Curriculum Frameworks.

Curriculum Framework Area	Grade Level													
	Pre-K	√	K-2	√	3-5	√	6-8	√	9-12	√	K-12	√	Adult	√
English-Language Arts														
History-Social Science														
Science														
Mathematics														
Foreign Languages														
Visual and Performing Arts														
Health														
Critical Thinking Skills														
Human Relations														
Other (Fill-in)														

Comments:

5. Effectiveness of Programs Used. List in rank order the five ITV series/programs (distributed in your region by any means) that you would consider as having the greatest educational value and impact on students for each of the areas listed below.

General Topic	Total No. of Programs Available by Topic	ITV Series/Titles	Source		
			State License	Agency License	Local Production
English-Language Arts		1.			
		2.			
		3.			
		4.			
		5.			
History-Social Science		1.			
		2.			
		3.			
		4.			
		5.			
Science		1.			
		2.			
		3.			
		4.			
		5.			
Mathematics		1.			
		2.			
		3.			
		4.			
		5.			
Visual and Performing Arts		1.			
		2.			
		3.			
		4.			
		5.			
Foreign Languages		1.			
		2.			
		3.			
		4.			
		5.			
Health and Drug Education		1.			
		2.			
		3.			
		4.			
		5.			
Physical Education		1.			
		2.			
		3.			
		4.			
		5.			

General Topic	Total No. of Programs Available by Topic	ITV Series/Titles	Source		
			State License	Agency License	Local Prod-uction
Critical Thinking		1.			
		2.			
		3.			
		4.			
		5.			
Human Relations		1.			
		2.			
		3.			
		4.			
		5.			
Interest-Attitude		1.			
		2.			
		3.			
		4.			
		5.			
Study Skills		1.			
		2.			
		3.			
		4.			
		5.			
Other:_____ _____		1.			
		2.			
		3.			
		4.			
		5.			

6. Use of State Licensed Series. Are the ITV series licensed by the state actually used? Check the box that matches your estimate the percentage of "state buy" programming that is used by the schools in your region:

0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ 81-100% ☐

7. Continuing State ITV Licensing. Do you believe that the CDE should continue to license ITV series? Yes ☐ No ☐ Not sure ☐ Briefly explain your answer:

8. Impact of Services. Rate the perceived effectiveness and need for additional services provided by the Agency as follows:

ITV Agency Activity	Not Offered	Level of Effectiveness*				Need for Increased Service				Data Source	
		Not Sure	Somewhat	Moderate	High	None	Slight	Moderate	High	Survey of Users	Comments of Users
Basic ITV Utilization Workshops											
Curriculum Framework Alignment Workshops (In-depth)											
AB 1470 Proposal Writing Workshops											
AB 1470 Evaluation Workshops											
Other AB 1470 Project Assistance											
Program Guides/Schedules											
Agency Newsletters											
Other Publications (flyers, lessons, etc.)											
Individual Assistance											
Technical Support											
Telephone Assistance											
Other: (List)											

* Effectiveness ratings are based on feedback from educators who utilized Agency resources. Feedback can range from completion of workshop evaluation surveys to informal comments and testimony. Please check the appropriate "data source" box to indicate the source of the information for your rating.

9. Most Valuable Service. Considering all of the services and resources provided by your ITV Agency, what is the most important and valued service for?

10. Other Information. Please describe any other information that you believe is relevant to the operation of your ITV Agency:

VI. RECOMMENDATIONS

For assistance or further information related to the completion of this form contact John Cradler or James Eckenrod, 415-565-3108 or 415-344-7046; FAX 415-565-3012

COUNTY AND DISTRICT MEDIA DIRECTORS

ASSESSMENT OF ITV & MEDIA SERVICES

Far West Laboratory

Person Completing Assessment: _____ **Title:** _____

County Office of Education or District: _____

Address: _____

Telephone: _____

Purpose of Survey. As part of the California Educational Technology Assessment Project, the Far West Laboratory is collecting information about the services provided by the regional Instructional Television (ITV) Agencies. The Office of Educational Technology of the California Department of Education provides an annual grant from AB 1470 funds of 40 cents per ADA to the ITV agencies to provide instructional video services. The state grant is generally considered "seed" money and local ITV agencies raise additional funds and provide substantial in-kind support to provide the wide range of services offered. This survey will provide important information about ways to increase coordination among county offices of education (COEs), the ITV agencies, and other regional service agencies.

If a COE, provide numbers of:	**If a district, provide numbers of:**
School districts in county _____	Schools in district _____
Districts subscribing to COE media services _____	Elementary _____ MS _____ HS_____
Total number of Students served _____	Students served _____

1. Name(s) of the ITV agency (or agencies) that serve(s) your county/district? _____

2. Does the ITV agency charge fees for ITV services to the COE? (circle one):
   Yes 1
   No 2

   If yes, how much is charged? ..... Per ADA: $_____
   TOTAL: $_____

3. Does the ITV agency charge fees for ITV services to school districts? (circle one):
   Yes 1
   No 2

   If yes, how much is charged? ..... Per ADA: $_____
   TOTAL: $_____

4. Does the ITV agency have a formal advisory/executive council? (circle one):
   Yes 1
   No 2
   Don't know 3

5. If yes, how often does your media center participate in the council? (circle one): ..... Not at All 1 Occasionally 2 3 4 Regularly 5

6. How much input does your media center provide in planning and implementation of ITV services offered by the ITV agency in your county? (circle one): ..... None 1 2 Some 3 4 A great deal 5

7. Indicate which ITV agency services are provided and rate the need and adequacy of each service:
   - Circle **Y** or **N** to indicate if the service is provided by the ITV agency.
   - Rate the perceived **need for** teachers to have access to each service by circling the appropriate number.
   - Rate the **quality** of each service that is provided by the ITV agency by circling the appropriate number.

Type of ITV service/resource:	Service provided?		Need for service (None … Moderate … Great)					Quality of service (Poor … Average … Good)				
a. Broadcast on PBS station	Y	N	1	2	3	4	5	1	2	3	4	5
b. Broadcast on ITFS system	Y	N	1	2	3	4	5	1	2	3	4	5
c. Delivered on cable	Y	N	1	2	3	4	5	1	2	3	4	5
d. Master tapes provided for copying	Y	N	1	2	3	4	5	1	2	3	4	5
e. Videotape cassettes loaned from COE	Y	N	1	2	3	4	5	1	2	3	4	5
f. Video cassettes purchased from COE	Y	N	1	2	3	4	5	1	2	3	4	5
g. Videotape cassettes loaned from district	Y	N	1	2	3	4	5	1	2	3	4	5
h. Video cassettes purchased from district	Y	N	1	2	3	4	5	1	2	3	4	5
i. Via satellite (NISS) downlink	Y	N	1	2	3	4	5	1	2	3	4	5
j. Broadcast schedules/catalogs	Y	N	1	2	3	4	5	1	2	3	4	5
k. Newsletters	Y	N	1	2	3	4	5	1	2	3	4	5
l. Teacher guides	Y	N	1	2	3	4	5	1	2	3	4	5
m. ITV utilization workshops	Y	N	1	2	3	4	5	1	2	3	4	5
n. AB 1470 project planning	Y	N	1	2	3	4	5	1	2	3	4	5
o. Previewing new ITV programming*	Y	N	1	2	3	4	5	1	2	3	4	5
p. ITV series licensing/acquisition**	Y	N	1	2	3	4	5	1	2	3	4	5
q. Distance learning (access & information)	Y	N	1	2	3	4	5	1	2	3	4	5
r. Other (specify): _____	Y	N	1	2	3	4	5	1	2	3	4	5
s. Other: _____	Y	N	1	2	3	4	5	1	2	3	4	5

* Evaluation process for state or local decisions to license or acquire ITV broadcast rights
** Ensures that schools do not violate copyright protection of television productions

8. Describe major strengths of the ITV agency's service delivery: _____

_____

_____

9. Describe any major problems/weaknesses with the ITV agency's service delivery: _____

_____

_____

10. What proportion of staff development and other services related to the use of instructional video are provided directly to schools by the ITV agency staff instead of the COE or district media center staff? (circle the appropriate number for each):

	None		Some		All
a. ITV Agency	1	2	3	4	5
b. Media Center	1	2	3	4	5

11. Indicate which media services are provided by the COE to districts or by the district to schools and rate the levels of use and value of each service:

- Circle Y or N to indicate if the service is provided by the COE or district media center.
- Rate the shown or perceived **level of use** by teachers of each of the media services by circling the appropriate number.
- In your own judgment, based on input from users, rate the **value** of each service provided by circling the appropriate number.

Type of ITV service/resource:	Service provided?		Need for service					Quality of service				
			None		Moderate		Great	Poor		Average		Good
a. Library/print materials	Y	N	1	2	3	4	5	1	2	3	4	5
b. Film circulation	Y	N	1	2	3	4	5	1	2	3	4	5
c. Stand-alone title video circulation	Y	N	1	2	3	4	5	1	2	3	4	5
d. ITV series video circulation	Y	N	1	2	3	4	5	1	2	3	4	5
e. State-licensed video series	Y	N	1	2	3	4	5	1	2	3	4	5
f. Videos recorded from satellite downlink	Y	N	1	2	3	4	5	1	2	3	4	5
g. Interactive teleconferences	Y	N	1	2	3	4	5	1	2	3	4	5
h. Non-interactive teleconferences	Y	N	1	2	3	4	5	1	2	3	4	5
i. Distance learning demonstration center	Y	N	1	2	3	4	5	1	2	3	4	5
j. Multimedia telecommunications	Y	N	1	2	3	4	5	1	2	3	4	5
k. Computer demonstration center	Y	N	1	2	3	4	5	1	2	3	4	5
l. Multimedia demonstration center	Y	N	1	2	3	4	5	1	2	3	4	5
m. Computer software collection	Y	N	1	2	3	4	5	1	2	3	4	5
n. Other (list): _____	Y	N	1	2	3	4	5	1	2	3	4	5
o. Other: _____	Y	N	1	2	3	4	5	1	2	3	4	5

12. Do you believe that ITV services could be provided more effectively in other ways? If yes, please explain briefly: _____

_____

_____

_____

_____

_____

_____

13. Do you believe that state support of 40 cents per ADA to augment regional ITV services should be... (circle one):

Increased 1
Decreased 2
Reallocated 3
Not changed 4
Other (describe): _____ 5

14. Considering the needs of teachers and students, the services now provided by ITV agencies, and the services that your center provides, would you like to see the present system of state support for ITV services and other media/technology services changed? (circle one):

Yes 1
No 2
Don't know 3

If yes, how would you restructure the media support system? (describe):_____

_____

_____

_____

_____

_____

_____

15. Do you believe that the ITV agencies should broaden the scope of services to include such things as multimedia, teleconferences, distance learning, etc., above what they now provide? (circle one):

Yes 1
No 2
Don't know 3

If yes, suggest additional services that might be appropriate. (describe):_____

_____

_____

_____

_____

_____

_____

16. The ITV agencies, the Regional Consortia of the California Technology Project, the county offices of education, and the Staff Development Consortia funded under Senate Bill 1882 all provide regional support services to districts and schools in California.

Indicate your preference: (circle one):

These services are adequate as presently delivered 1
These services should be better coordinated 2
Consolidation of some regional services should be considered 3
I don't have enough information to respond 4

If 2 or 3 was circled, please explain:_____

_____

_____

_____

_____

_____

_____

17. Provide other comments or suggestions:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please complete this assessment questionnaire and return by _____ to:

John Cradler, Program Director
Educational Technology
Far West Laboratory
730 Harrison Street
San Francisco, CA 94107-1242

If you have any questions about the survey please call at:

Telephone: (415) 565-3018

Additional California-Specific Items for the CPB Survey

Revised 12/28/90

Items for Teacher's Questionnaire

Read this before answering questions 1-4.

The California Department of Education awards an annual grant of 40 cents for each student enrolled in the public schools in your area to one of seven regional Instructional Television (ITV) Agencies. The ITV Agencies use these funds to provide programming and staff development services and resources to schools, districts, and County Offices of Education to facilitate the utilization of Instructional Television in classrooms and at home. Each Agency provides access to ITV programs through videocassette copies, broadcast, cable, program schedules, newsletters, and teacher's guides to help integrate ITV into the curriculum. ITV Agencies also provide staff development workshops on using ITV through County Offices of Education and school districts. County and district media departments often distribute ITV resources to schools.

1. **Does your school or district receive ITV services from a California regional ITV Agency?**

(Circle one)

a. Yes 1
b. No 2
c. Not Sure 3
d. Don't know 4

2. **Have you received any information this year about support services and resources for using instructional television or video that are provided by your regional ITV Agency?**

(Circle one)

a. Yes ..... 1 --> *Continue with Question 3*
b. No ..... 2 --> *Skip to Question 4*
c. Not Sure ..... 3 --> *Skip to Question 4*

3. **What was the source of information about available ITV support services?**

(Circle all that apply)

a. Regional ITV Agency 1
b. PBS Station 2
c. School ITV/Media/Technology Coordinator 3
d. District Office 4
e. County Office of Education 5
f. California Technology Project 6
g. California Department of Education 7
h. Other (fill-in)_____ 8

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4. **How do you evaluate the support services and resources that are provided by your regional ITV Agency? Rate each ITV Agency service listed below on each of the following two scales:**

(1) Use of ITV Agency Services

1 = Not aware of service --> *Skip scale (2)*
2 = Aware of it but don't use --> *Continue with scale (2)*
3 = Aware of and use --> *Continue with scale (2)*

(2) Rating of ITV Agency Services

1 = Of limited use
2 = Somewhat useful
3 = Very useful

ITV Support Services *(Circle one number in each part)*

	(1) Use	(2) Rating
a. Introductory ITV Utilization Workshops	1 2 3	1 2 3
b. Workshops on integrating ITV with Curriculum Frameworks	1 2 3	1 2 3
c. Distribution of ITV broadcast schedules	1 2 3	1 2 3
d. Providing teacher's guides for ITV series	1 2 3	1 2 3
e. Distribution of newsletters about ITV services	1 2 3	1 2 3
f. Circulation or duplication of ITV videocassettes for school use	1 2 3	1 2 3
g. Assistance in preparing Educational Technology Grant proposals	1 2 3	1 2 3
h. Adjusting television equipment to receive ITV	1 2 3	1 2 3

5. **How much educational technology do you and your students use? Select the number that matches your level of use of each type of technology from the following scale:**

1 = Never
2 = Rarely
3 = Occasionally
4 = Often
5 = Almost daily

Type of Technology Used for Instructional Purposes: *(Circle one number on each line)*

a. ITV	1 2 3 4 5
b. Computer	1 2 3 4 5
c. VCR	1 2 3 4 5
d. Camcorder (Video camera recorder)	1 2 3 4 5
e. CD-ROM*	1 2 3 4 5
f. Audio tape player/recorder	1 2 3 4 5
g Laser disc player	1 2 3 4 5
h. Multimedia systems*	1 2 3 4 5
i. Telecommunications*	1 2 3 4 5
j. Calculator	1 2 3 4 5
k. LCD projection*	1 2 3 4 5
l. Other (fill-in) _____	1 2 3 4 5

* *CD ROM*: Compact disc read-only memory; hard disc storage system
Multimedia: Laser disc players integrated with microcomputer system
Telecommunications: Voice and data communications; includes telephone service, data networks, cable television, microwave, and satellite receiving
LCD: Liquid crystal display projection panel or video projector

6. **(Answer *only* if you do NOT use ITV in your classroom instruction.) Which of the following statements describes *why* you do not use instructional television in your teaching?**

a. Doubt the value of ITV: *(Circle as many as apply)*

Not a good teaching tool 1
Not appropriate for my students 2
Not compatible with school's teaching philosophy 3
Programs do not "fit" my curriculum 4

b. Have not had access to ITV

Cannot receive ITV in school 5
Not enough television sets or VCRs 6
Don't receive information about ITV 7
Programs are not broadcast when I want to use them 8
School cannot record ITV programs 9
Too difficult to get ITV videocassettes 10

c. Have not had staff development

Never had any staff development in how to use ITV 11
Not sure of ways to integrate ITV into the curriculum 12

d. Other (fill-in)

_____ 13

Items for Superintendent's Questionnaire

1. To what extent is Instructional Television (ITV) included as a part of district planning?

(Circle One)

a. None 1
b. Limited 2
c. Extensive 3

Read this before answering questions 2-4.

The California Department of Education awards an annual grant of 40 cents for each student enrolled in the public schools in your area to one of seven regional Instructional Television (ITV) Agencies. The ITV Agencies use these funds to provide programming and staff development services and resources to schools, districts, and County Offices of Education to facilitate the utilization of Instructional Television in classrooms and at home. Each Agency provides access to ITV programs through videocassette copies, broadcast, cable, program schedules, newsletters, and teacher's guides to help integrate ITV into the curriculum. ITV Agencies also provide staff development workshops on using ITV through County Offices of Education and school districts. County and district media departments often distribute ITV resources to schools.

2. What sources of ITV support services and resources are available in your district?

(Circle all that apply)

a. Regional ITV Agency 1
b. PBS Station 2
c. District Office 3
d. School ITV/Media/Technology Coordinators 4
d. County Office of Education 5
e. California Technology Project 6
f. California Department of Eduction 7
g. Other (fill-in)_____ 8

3. Does your district pay additional membership fees to your regional ITV Agency for instructional video support services?

(Circle One)

a. I don't know 1
b. No 2
c. Yes ..... 3 --> *Annual district membership fee (ADA):*_____

4. How satisfied are you with the ITV Agency services provided to the schools in your district?

(Circle one)

a. Need to know more 1
b. ITV Agency services not received 2
b. Not satisfied 3
c. Somewhat satisfied 4
d. Very satisfied 5

Items for the Principal's Questionnaire

1. Which of the following choices best describes the ITV policy in your school?

(Circle one)

a. Strongly encourage ITV use 1
b. Encourage use but leave to discretion of individual teachers 2
c. Neither encourage nor discourage use 3
d. Discourage use but leave to discretion of individual teachers 4

2. What sources of ITV support services and resources are available to your school?

(Circle all that apply)

a. Regional ITV Agency 1
b. PBS Station 2
c. School ITV/Media/Technology Coordinator 3
d. Resource or mentor teacher at school-site 4
e. The school principal 5
f. District Office 6
g. County Office of Education 7
h. California Technology Project 8
i. California Department of Education 9
j. Other (fill-in)_____ 10

3. To what extent is ITV included as a part of school level planning?

(Circle one)

a. None 1
b. Limited 2
c. Extensive 3

Read this before answering question 4-6

Think about all of the information about the effects of ITV on teaching and learning that you receive from teachers, classroom observations, and through comments from parents. What is the impact of ITV on students? On teachers? On the community?

4. What is the impact of ITV on students?

a. Impact on student learning *(Circle one)*

Don't have enough information to judge impact 1
Negative effect 2
Little or no effect 3
Moderate effect 4
Significant effect 5

(Circle one)

b. Impact on student motivation

Don't have enough information to judge impact 1
Negative effect 2
Little or no effect 3
Moderate effect 4
Significant effect 5

5. **What is the impact of ITV on teacher effectiveness?**

(Circle one)

a. Don't have enough information to judge impact 1
b. Negative effect 2
c. Little or no effect 3
c. Moderate effect 4
d. Significant effect 5

6. **What is the level of use of ITV by parents?**

(Circle one)

a. Don't have enough information to judge impact 1
b. ITV is not used in homes 3
c. Occasional ITV use in homes is reported 4
d. ITV use in homes is often reported 5

7. **Would you support funding for services to improve the use of television in the home (eg. watch educational TV, reduce TV watching, etc.)**

not sure___yes___no___

Contact John Cradler regarding these survey items at Far West Laboratory, 415-344-7046

Section 5

Software Development Project Assessment Instruments

- Self-Assessment Inventory
- Software User Survey

Far West Laboratory For Educational Research and Development
730 Harrison Street
San Francisco, CA 94107-1242
(415) 565-3018 FAX (415) 565-3012

SAMPLE

_____, 199_

Dear _____:

As we discussed on the phone, we are in the process of evaluating AB 1470 and its many programs. The objective of the evaluation is to obtain information that will help us improve future state funded programs, and guide us in the development of state policy and educational technology programs. .

The evaluation process includes is to have the software developers and users complete an evaluation survey. We will then conduct phone interviews with each developer and a small sample of users. We will also have a software evaluation team review each product in light of the original project objectives.

As a participant in the Software Development Partnership Program, we ask that you and your team complete the enclosed evaluation form and return it before _____.

As I mentioned, we would appreciate your assistance in contacting 30-50 users of your product. We will be sending each user a survey and a cover letter explaining the purpose of the survey. In addition, if you already have user information that would be helpful with our research, we would appreciate you sharing that with us.

Please feel free to call me at _____ if you have any questions or comments on this project. We look forward to talking with you in the coming weeks. Thank you again for your time and assistance.

Sincerely,

_____

SOFTWARE DEVELOPMENT PARTNERSHIP PROJECT
SELF-ASSESSMENT INVENTORY

Far West Laboratory for Educational Research and Development

The purpose of this inventory is to provide the California Department of Education (CDE) and the Legislature with information about the outcomes of the software development partnership projects funded between 1987 and 1990.

The inventory is designed to follow CDE guidelines for the *California Educational Technology Assessment Project* (CETAP) being conducted by the Far West Laboratory. It should be completed by the person who had primary responsibility for developing the software product, with input from others who had key roles in the design and production of the products.

Please compete the survey by _____, and return it to the Far West Laboratory (FWL) at the address below. If any questions or problems arise while completing the inventory please contact John Cradler, FWL Program Director for Educational Technology and Policy:

John Cradler	**Phone: (415) 565-3018**
Far West Laboratory	**FAX: (415) 565-3012**
730 Harrison Street	**AppleLink: K1686**
San Francisco, CA 94107-1242	**CSUNet: jcradle**

SECTION I: Background Information

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Final Product Title: _____

Person(s) completing this form: _____

Telephone: _____

Name of Project Director: _____ Phone:_____

Other person(s) who may be contacted: _____ Phone:_____

SECTION II: Planning

1. Indicate who initiated the project concept and design (circle Y or N) and the level of involvement of each in project planning (circle the appropriate number):

	Initiated?	Level of Involvement (None … Moderate … High)
a. Teachers	Y N	1 2 3 4 5
b. Administrators	Y N	1 2 3 4 5
c. Software developers	Y N	1 2 3 4 5
d. Curriculum developers	Y N	1 2 3 4 5
e. California Department of Education	Y N	1 2 3 4 5
f. Consultants	Y N	1 2 3 4 5
g. Other (specify):_____	Y N	1 2 3 4 5
h. Other:_____	Y N	1 2 3 4 5

2. Was a planning or advisory committee established for the project? (circle one)
   Yes 1
   No 2

If yes, give the names and affiliations of the members and the major activities of the committee:

3. Identify the key individuals who were involved in developing the project:

Name	Title	Organization Represented

SECTION III: Project Plan

1. To what extent were the project objectives and activities accomplished? (circle one)

Completed as planned	1
Partially completed	2
Modified but completed	3
Modified and partially completed	4

2. If numbers 2, 3 or 4 were answered please explain why. State the project objectives, noting if there were any changes from the original objectives:

Describe:

3. Describe major changes in the scope of work, timelines, etc., that were negotiated before the project was completed.

Describe:

SECTION IV: Content

A. Curriculum Content

1. Indicate the curriculum areas that were targeted:

(circle all that apply)

Mathematics 1
Science 2
History-Social Science 3
English-Language Arts 4
Other (specify):_____ 5

2. Indicate the grade levels the program was designed to serve (circle all that apply):

Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 Adult

3. Identify the curriculum resources that were consulted in conceptualizing and designing the software:

(circle all that apply)

California Curriculum Frameworks 1
Model Curriculum Standards, Grades 9-12 2
Model Curriculum Standards, Grades K-8 3
Technology in the Curriculum Resource Guides 4
Subject Matter Project Documents 5
State adopted curriculum materials 6
Other (specify) _____ 7

4. Give the title(s) and publication date(s) of the California Curriculum Framework(s) that were consulted during the development of the program:

Title	Date

5. List the specific California Curriculum Framework topics that were incorporated into the design of the software product, and circle the number that indicates the extent to which each topic was emphasized in the finished product.

Topic	Level of Emphasis in Final Product Not at all		Moderately		Completely
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

6. What is the suggested length of instructional time for teachers to use this product?

Describe how the product was designed to be used. Include the length of time recommended for each student session (in minutes) and the number of sessions needed to complete the program for the average student. If a different length or number of sessions is recommended for different grade levels, please specify.

7. List the potential uses of the product: (circle all that apply)

To stimulate and increase students' attention and interest 1
To expand instruction beyond what can normally be provided with textbooks 2
To use to introduce and/or conclude a lesson 3
To provide added activities to the existing lesson 4
To provide extended practice or related activity to the existing lesson 5
To replace the textbook 6
Other (specify):_____ 7

8. Is this program appropriate for: (circle all that apply)

Individual student use 1
Small group use (2-5 students) 2
Whole class use 3
Other (specify):_____ 4

B. Staff Development

1. Describe any support materials for students and/or teachers that are available for use with the product:

Describe:

2. Teacher experience needed to use program: (circle all that apply)

No prior experience with computers or software needed 1
Must be familiar with basic computer operations 2
Specific training required (specify):_____ 3

3. How much time would be needed for a teacher to become proficient in using the product?_____

4. Is a specialist needed to provide product training? _____ yes _____ no

5. Are product demonstration sites available to teachers? _____ yes _____ no

   If yes, where are they located?

6. Does the company provide staff development for the school or district independently or in collaboration with education agencies such as county offices?

7. Are dealers providing staff development for your product?

8. Is staff development support provided for purchasers of the product? (circle as many as apply)
   - Staff development support is not necessary for schools that purchase the product 1
   - The teacher's guide for the product provides all necessary instructional information 2
   - A self-administered staff development tutorial is built-in to the product 3
   - The publisher's sales representatives provide staff development 4
   - Schools can pay for a brief staff development orientation session from the company 5
   - Staff development costs are covered with purchase price of the product 6
   - A fairly intensive staff development workshop is available to schools for a fee 7
   - Other (fill-in) _____ 8

C. Documentation

1. What teaching tools are available for teachers?

2. What technical documentation is provided?

3. Are any curriculum specific materials provided?

D. Product Features

1. Circle the number that matches the degree to which each of the features listed below is emphasized in the product:

Not a feature or emphasis --------> Moderately emphasized ---------> Major emphasis				
1	2	3	4	5

Technology Applications	Level of Emphasis
a. **Discovery Learning** (Provides opportunities for students to problem solve and explore)	1 2 3 4 5
b. **Drill and Practice** (Promotes learning through repetitive practice)	1 2 3 4 5
c. **Educational Game** (Promotes learning through a game format)	1 2 3 4 5
d. **Simulation** (Simulates experiences generally unavailable, such as lab experiments, world travel, and historical events)	1 2 3 4 5
e. **Tutorial** (Provides direct instruction, provides practice, tests for mastery, etc.)	1 2 3 4 5
f. **Utility** (Use of software as tool, e.g., text editor, spreadsheet, worksheets, etc.)	1 2 3 4 5
g. **Integrated Learning System** (Networked computers for teaching from a common set of software)	1 2 3 4 5
h. **Adaptability** (Program can be modified by teacher)	1 2 3 4 5
i. **Special Needs** (Program can be used with special needs students)	1 2 3 4 5
j. **Interactive** (Students use program interactively)	1 2 3 4 5
k. **Performance-Based Branching** (Automatically adjusts level of difficulty according to student responses)	1 2 3 4 5
l. **Testing** (Program has built-in student diagnostic component	1 2 3 4 5
m. **Curriculum Framework Support** (Supports Ca. Curriculum Frameworks)	1 2 3 4 5
n. **Ability to Save Student Progress** (Program can record where students have left off for use in future sessions)	1 2 3 4 5
o. **Interactive Laserdisc** (Computer interfaced with videodisc)	1 2 3 4 5
p. **Multi-Media** (list components):_____	1 2 3 4 5
q. **Other** (describe):_____	1 2 3 4 5
s. **Other** (describe):_____	1 2 3 4 5
u. **Other** (describe):_____	1 2 3 4 5

2. For each of the features where a 4 or 5 was circled, describe how the program implements feature.

Describe:

3. Identify the type(s) of hardware used with the product (circle **R** if required, **S** if suggested, or **N** if not needed):

a. Computers (systems supported): _____ ... R S N
b. Laserdisc player ... R S N
c. Audio/video equipment (specify): _____ ... R S N
d. LCD panels, video projectors ... R S N
e. CD-ROM drive ... R S N
f. Science lab equipment (probes, data acquisition interfaces, etc.) ... R S N
g. Color Monitor (specify type): _____ ... R S N
h. Other (describe): _____ ... R S N
i. _____ ... R S N
j. _____ ... R S N

4. Identify the type(s) of other software packages which can accompany the product (circle **R** if required, **S** if suggested, or **N** if not needed).

a. Word processing ... R S N
b. Desktop publishing ... R S N
c. Hypercard (text-based programming language) ... R S N
d. Graphics programs ... R S N
e. Electronic encyclopedia, reference ... R S N
f. Database, spreadsheet, other business software ... R S N
g. Telecommunications software ... R S N
h. Networking software ... R S N
i. Other (describe): _____ ... R S N
j. _____ ... R S N
k. _____ ... R S N

SECTION V: Product Development

1. To what extent were teachers involved in the development of the program?
(circle the number that indicates the extent to which classroom teachers were involved in each task)

Not at all ----------> Moderately ----------> Extensively				
1	2	3	4	5

Project/Product Planning

a. Preparation of project proposal for CDE 1 2 3 4 5
b. Correlation of content with Curriculum Framework, etc. 1 2 3 4 5
c. Formulation of instructional goals and objectives for program 1 2 3 4 5

Design of Product (Content, Features, etc.)

d. Strategies for using technology applications in lessons 1 2 3 4 5
e. Ways that teacher is able to modify the program 1 2 3 4 5
f. Applications for students with special needs 1 2 3 4 5
g. Motivational or interest-enhancing features 1 2 3 4 5
h. Reinforcement features (how program reinforces other learning) 1 2 3 4 5
i. Preparation of lesson plans and teacher support materials 1 2 3 4 5

Pilot Testing and Program Evaluation

j. Pilot-testing of units or lessons 1 2 3 4 5
k. Conducting classroom trials of entire program for evaluation 1 2 3 4 5
l. Revision of classroom materials after pilot tests and evaluation 1 2 3 4 5

Staff Development

m. Preparation of staff development and product documentation materials ... 1 2 3 4 5
n. Conducting staff development programs for adopters of product 1 2 3 4 5

Marketing

o. Development of product marketing strategies 1 2 3 4 5
p. Contributing to marketing and distribution of product 1 2 3 4 5

2. Complete the table below as follows:

   - List the names and organizations of all outside consultants who were involved with the development and testing of the software product.
   - Briefly describe the product development phases or components in which they were involved.

Consultants	Organization	Product Development Phase/Component

4. Describe the collaborative activities of the project developers and the CDE Office of Educational Technology.

Describe:

SECTION VI: Evaluation Plan (Beta Testing)

1. Briefly summarize the evaluation plan.

Number of districts involved ..... _____
Number of teachers involved ..... _____
Number of classrooms used ..... _____

List the evaluation questions or purpose:
Describe the procedure used for both formative and summative evaluation:

2. What data sources were used in the evaluation? (circle as many as apply):

Quantitative

Standardized achievement test (e.g., CTBS) 1
Proficiency tests/criterion referenced tests 2
Portfolio assessment (with scoring rubric) 3
Student surveys 4
Student attendance 5
Teacher surveys 6
Records of computer use (logs) 7
School climate surveys 8
Other (describe):_____ 9
Other:_____ 10

Qualitative

Portfolio assessment (adapted to the project) 1
Student interviews 2
Case studies 3
Student journals 4
Teacher assessment of student work 5
Classroom observations 6
Teacher interviews 7
Workshop evaluation 8
Teacher journals 9
Changes in school plans 10
Incidental comments by students/staff 11
Other (describe):_____ 12
Other:_____ 13

3. Describe in detail the final classroom field testing of the program. Include who tested the program, where it was tested, and how many teachers and students were involved.

   a. School/District(s): _____

   b. School Contact Person(s): _____

   c. Student participants (indicate the number for each grade):

   Pre-K_____ K_____ 1_____ 2_____ 3_____ 4_____ 5_____

   6_____ 7_____ 8_____ 9_____ 10_____ 11_____ 12_____

   Adult_____

   (fill-in the number of students for each type):

   Bilingual_____ Special Ed._____ Gifted_____

   Urban_____ Suburban_____ Rural_____

4. Were reports of the evaluation prepared? (circle one)

   Yes 1
   No 2

If yes, summarize findings: **Please attach copies of pilot-test and evaluation reports.**

Describe the procedures used, what the findings were, and what changes were made as a result of the field test:

Describe the process/criteria used for the selection of field test sites:

5. Indicate the availability of hardware for conducting the evaluation test (circle one):

Teacher(s) had all necessary hardware in their classroom(s) 1
School had all necessary hardware for teachers to share 2
Development project gave all necessary hardware to the school(s) 3
Project loaned all necessary hardware to the school(s) 4
Other (describe); _____ ... 5

6. Please attach copies of any published reviews of the product which have appeared in *The Computing Teacher*, *Electronic Learning*, or any other magazine. Also include a copy of the any evaluations from the California Software Clearinghouse or any other state agencies.

SECTION VII: Project Outcomes

1. Please describe specific benefits of the project for:

Students:
Teachers:
School Programs:

2. For each of the following categories, rate the observed impact of the program on teachers using the software product developed by the project (circle one number for each item below or circle n/a if the item does not relate to your project):

To what extent did the project INCREASE teacher ability to:	Level of Increase: Not at all		Moderate		Significant	
a. Expand use of resources beyond the textbook	1	2	3	4	5	n/a
b. Develop concepts/understanding not otherwise possible to teach	1	2	3	4	5	n/a
c. Encourage problem-solving and critical thinking	1	2	3	4	5	n/a
d. Support student-centered learning	1	2	3	4	5	n/a
e. Make teaching more interesting	1	2	3	4	5	n/a
g. Provide interactive experiences for students	1	2	3	4	5	n/a
h. Provide simulation experiences	1	2	3	4	5	n/a
i. Gain confidence in their own use of technology	1	2	3	4	5	n/a
j. Integrate technology into the curriculum	1	2	3	4	5	n/a
l. Other (describe):_____	1	2	3	4	5	n/a
m. Other: _____	1	2	3	4	5	n/a

3. Were there systematic efforts to determine the cost-benefits of the software development project in comparison with conventional school textbook development programs? (circle one)
   Yes 1
   No 2

If yes, briefly describe how the comparisons were made and what the findings were.

4. Were there any unanticipated outcomes of the project? (circle one)
   Yes 1
   No 2

If yes, briefly describe any outcomes of project implementation, product development, evaluation, revision, publication, etc., that were not anticipated. Include information on how the outcomes were identified and assessed, how they affected product development, and how problems were resolved.

5. How often will the software product have to be revised or updated? (circle one)

Every year 1
Every two or three years 2
Every four or five years 3
Every California Curriculum Framework cycle 4

Describe your plans for updating the program:

SECTION VIII. Funding and Support Factors

1. What support services or resources were received from formal and informal partnerships in developing the software product? (complete the matrix below as follows)

   - List any software developers, institutions of higher education, foundations, or educational agencies that provided formal or informal support in the development of your software product.
   - Briefly describe the resource or service provided (e.g., technical assistance, curriculum consulting, programming, linking of resources, etc.)
   - Circle the letter that indicates if the type of service or resource involved direct payment (D) or if it was contributed or provided in-kind (I).
   - Indicate the importance of the resource or service to the success of the overall project by circling the appropriate number as follows:

Not Important --------> Moderately Important --------> Very Important				
1	2	3	4	5

Organization/Agency	Resource/Service	Type	Importance
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5
		D I	1 2 3 4 5

2. Enter the sources and amounts of financial support for the software development project.

Source of Funding	Amount Received
CDE Software Development Project Grant	$
Your Organization	
Partners in Project (Fill-in)	
Other (Fill-in)	
Totals	$

3. Have your company and project partners recovered the investments in the project? (circle one)
Yes 1
No 2

If no, summarize the return on your investment to date and estimate when and if you expect to make a profit.

4. What is the minimum level of sales that it would take for your company to develop and produce the software product without state support?

Describe:

5. How much was actually spent on the software development project? Enter the sources and the amounts expended for each category.

Project Expenses

(Round to the Nearest $)

	Explanation of Expenditure	State Grant	Company Funding
1000 Professional Staff Salaries	Project Director FTE =_____		
	Professional Staff FTE=_____		
	Other:		
	Subtotal for 1000 Series	$	$
2000 Classified/Support Staff Salaries	Clerical Support FTE=_____		
	Other:		
	Subtotal for 2000 Series	$	$
3000	Staff Benefits:	$	$
4000 Materials/Supplies			
	Subtotal for 4000 Series	$	$

(Round to the Nearest $)

			Explanation of Expenditure	State Grant	Company Funding
5000 Contract Services/Expenses	Services		Consultants		
			Duplication/Packaging		
	Expenses		Facilities		
			Travel		
			Subtotal for 5000 Series	$	$
			Indirect Costs: Indirect costs are not a required item and can only be entered when a rate has been established. Indirect costs computations exclude the 6000 category. Rate_____%		
6000 Capital Outlay	Equipment		Computers		
			Other:		
			Subtotal for 6000 Series	$	$
			TOTALS	$	$
				GRAND TOTAL	

6. Did the CDE grant and the amount(s) invested by your company and project partners cover all of the costs of developing the product? (circle one)

Yes 1
No 2

If no, describe how the scope of the project was changed and/or how the shortfall was made up.

9. Supporting and Impeding Factors. Indicate the extent to which each of the following factors affected planning, implementation, and the outcomes of the project (circle N/A if not applicable or one number for each item in the list below):

	Greatly Impeded ←			No Effect			→ Greatly Supported	
Funding Factors								
Amount of funding provided by CDE grant	N/A	-1	-2	-1	0	+1	+2	+3
Overall funding available for development project	N/A	-1	-2	-1	0	+1	+2	+3
Schedule of CDE grant fund payments	N/A	-1	-2	-1	0	+1	+2	+3
Product Development Factors								
Interaction with project advisory group/panel	N/A	-1	-2	-1	0	+1	+2	+3
Establishing working relationships with development partners	N/A	-1	-2	-1	0	+1	+2	+3
Protecting intellectual property of publisher and partners	N/A	-1	-2	-1	0	+1	+2	+3
Performance of development partners	N/A	-1	-2	-1	0	+1	+2	+3
Matching product content with California Curriculum Framework:								
• For marketing product within California	N/A	-1	-2	-1	0	+1	+2	+3
• For marketing the product outside of California	N/A	-1	-2	-1	0	+1	+2	+3
Correlating product with curriculum in other states	N/A	-1	-2	-1	0	+1	+2	+3
Considerations for marketing product outside of California	N/A	-1	-2	-1	0	+1	+2	+3
Limitations of hardware in schools	N/A	-1	-2	-1	0	+1	+2	+3
Matching product technology applications to teachers' skills	N/A	-1	-2	-1	0	+1	+2	+3
Developing staff development materials for product users	N/A	-1	-2	-1	0	+1	+2	+3
Evaluation and Monitoring Factors								
Establishing project review/evaluation procedures with CDE	N/A	-1	-2	-1	0	+1	+2	+3
Clarifying content objectives with CDE project monitor	N/A	-1	-2	-1	0	+1	+2	+3
Field testing software	N/A	-1	-2	-1	0	+1	+2	+3
Ongoing interaction/communication with CDE project monitor	N/A	-1	-2	-1	0	+1	+2	+3
Getting final approval of product from CDE	N/A	-1	-2	-1	0	+1	+2	+3
Assessing capabilities of teachers to use the programs effectively	N/A	-1	-2	-1	0	+1	+2	+3
Evaluating effects of product on student learning and attitudes	N/A	-1	-2	-1	0	+1	+2	+3
Making changes in product design specifications necessitated by:								
• Results of project (internal) evaluation	N/A	-1	-2	-1	0	+1	+2	+3
• Recommendations of external evaluation	N/A	-1	-2	-1	0	+1	+2	+3
• CDE project monitor	N/A	-1	-2	-1	0	+1	+2	+3

SECTION IX. Marketing

1. How is the software product being marketed?

Describe how the product is being marketed (a) within California and, <u>if different</u>, (b) outside of the state; include information on the sales organization(s), distributor(s), advertising and other promotional efforts, etc. **(Attach brochure describing product if available)**

2. How much does the product cost?

Provide cost breakdowns for different quantities sold to (a) California schools and (b) outside the state.

3. Are sales of the software product meeting the expectations of the developers?

Describe briefly how well the product is selling (a) in California and (b) outside of the state; include data on projected and actual sales in both markets and how they compare with competitive products, if any exist.

SECTION X. Recommendations

Review all information gathered with this inventory (as well as all other available information relevant to the project) and use the space below to make one or more recommendations regarding the future of the project:

SOFTWARE DEVELOPMENT PARTNERSHIP PROGRAM
SOFTWARE USERS SURVEY

Far West Laboratory for Educational Research and Development

The purpose of this survey is to provide the California Department of Education (CDE) with information about the products of four software development partnership projects funded between 1987 and 1990. The survey follows CDE guidelines for the *California Educational Technology Assessment Project* (CETAP) being conducted by the Far West Laboratory.

The form should be completed by each person in a school who has implemented one or more of these software products in classroom instruction. A separate form should be completed for each product implemented. (Please duplicate additional copies as needed)

Please compete the survey(s) and return not later than _____ to the Far West Laboratory at the address below. If any questions or problems arise while completing the questionnaire please contact John Cradler, FWL Program Director for Educational Technology and Policy:

John Cradler	**Phone: (415) 565-3018**
Far West Laboratory	**FAX: (415) 565-3012**
730 Harrison Street	**AppleLink: K1686**
San Francisco, CA 94107-1242	**CSUNet: jcradle**

A. Background Information

1. School: _____ District: _____

   Address: _____

   City: _____ Zip: _____ County: _____

2. Person completing this form: _____ Title: _____

   Telephone: _____ Date: ____/____/____

   Technology Grant Recipient? Yes_____ No_____

3. Software Product Used (circle one number):

   MECC World Geograph 1
   Jostens Explorations in Middle School Science: The Physical Science Program 2
   GTV: A Geographic Perspective on American History 3
   SCIENCE 2000 (field test version) 4

4. Course/Subject of product application? (fill-in) _____

5. Estimate the number of students using the product in each grade level:

	K	1	2	3	4	5	6	7	8	9	10	11	12	Adult
# of Students														

6. Were you aware that the California Department of Educatien partially supported development of this software product? (circle one)

   Yes 1
   No 2

7. How did you learn about the software program? (circle all that apply)

Advertisement/catalog from software producer/vendor 1
Sales representative of software producer/vendor 2
School principal 3
School department head 4
School librarian/media/technology specialist 5
Teacher colleague at school 6
Teacher acquaintance from another school 7
Listing in technology newsletter (such as CUE) 8
Article in professional journal or newsletter 9
District curriculum coordinator/specialist 10
District media/technology specialist 11
County office curriculum consultant 12
County office media/technology consultant 13
California Technology Project Regional Consortium representative 14
Leadership Academy Demo 15
California Department of Education 16
At professional conference 17
TRIE (Technology Resources in Education) database on CSUNet 18
Other (fill-in) _____ 19

8. Who bought the software? (fill-in) _____

9. Why did you decide to try the software in your class? (circle all that apply)

The program relates to a curriculum need of my class or classes 1
My students get more out of instruction when they use technology programs 2
I heard that the software program helped students understand the content/concept 3
My colleagues and I want to improve instruction dealing with the topic 4
I like using technology programs in my classes 5
My students like using technology programs in class 6
My principal or department head wanted me to try out the program 7
The information about the program made it sound very good 8
I am looking for ways to increase student interest in the topic 9
It was highly recommended by the person who told me about it 10
I was requested to do so by an administrator 11
Other (fill-in) _____ 12

B. Staff Development

1. In your opinion, is prior computer use necessary to use this product? (circle one)
Yes 1
No 2

2. Have you received any staff development in the use of the software product? (circle one)
Yes 1
No 2

If yes, indicate the source of the staff development (circle all that apply):

School staff (mentor teacher, media/technology specialist, etc.) 1
District office staff (media/technology coordinator, etc.) 2
County Office of Education staff 3
California Technology Project regional consortium staff 4

The publisher or distributor of the software product 5

Other (fill-in) _____ 6

Was the staff development adequate? (circle one)

Yes 1

No 2

If yes, describe the staff development:

If no, briefly explain why staff development was not adequate:

3. What staff development is necessary to use the product effectively?

Describe:

4. What training do you think is essential for a teacher to effectively integrate the product into the instructional program?

Describe:

C. Curriculum Content and Technology Applications

1. How adequately does the program cover the targeted subject matter? (circle one) ..... Not at all 1 2 3 4 5 Moderately Completely

2. What is the availability of the equipment needed to run the product? (circle Y for yes and N for no)

   a. I have all the equipment needed in my classroom ..... Y N
   b. My school has the equipment needed for teachers to share ..... Y N
   c. My school cannot afford the equipment needed ..... Y N
   d. The equipment is easy for most teachers to use ..... Y N
   e. The equipment is cumbersome and difficult for most teachers to use ..... Y N

D. Instructional Features .

1. How effective are the special instructional features?

   For each of the features that is incorporated in the product, circle the number that matches your rating of its *effectiveness* in promoting student learning (leave blank if the feature is not part of the product):

Features	Not a Feature		Moderately Effective		A Very Effective Feature
a. **Adaptability** (Can any components be modified by teachers?)	1	2	3	4	5
b. **Flexibility** (Can the product be used by individuals, small or large groups?)	1	2	3	4	5
c. **Special Needs** (Can it be used by students with special needs?)	1	2	3	4	5
d. **Interactivity** (Can students use the product interactively?)	1	2	3	4	5
e. **Motivational Features** (Does the product promote student interest?)	1	2	3	4	5
f. **Student Problem Solving** (Does it provide problem solving opportunities?)	1	2	3	4	5
g. **Remediation Capability** (Does the product help students "catch-up"?)	1	2	3	4	5
h. **Reinforcement** (Does it reinforce other instruction?)	1	2	3	4	5
i. **Testing** (Does it include tests or diagnostic/prescriptive component?)	1	2	3	4	5
Other Features (Describe and rate other special features of the product)					
j. _____	1	2	3	4	5
k. _____	1	2	3	4	5

E. Software Product Evaluation

1. How is the product used? (circle all that apply)
   - Teacher Presentation tool 1
   - By students in a large group setting 2
   - By students in a small group setting 3
   - By individual students 4

2. How much of the product have you used? (Circle one)
   - Less than half of the entire curriculum package 1
   - More than half but less than 80 percent of the entire curriculum package 2
   - Almost all of the curriculum package 3
   - The entire curriculum package 4
   - The entire curriculum package more than once 5
   - The entire curriculum package more than once with different classes 6

3. How many times is the product used in your classroom:

per day_____ per week_____ per month_____

4. How many teachers in your school use the product in your school? _____

> **Note:** The remaining items in this section are adapted from the guidelines for evaluating various types of educational technology programs prepared for the CDE by the California Instructional Video Clearinghouse and the California Computer Software Clearinghouse; *Guidelines for Computer Software in California Schools* and the *Guidelines for Computer-Interactive Videodisc in California Schools*.

5. How effective is the instructional design of the software product? Circle the number that matches your rating of how well the program accomplishes each of the criterion statements:

Unacceptable	Acceptable	Good	Desirable	Exemplary
It does not work with my students	It works but it's nothing special	It works quite well	It does more than expected	It does all it's supposed to do and then some
1	2	3	4	5

a. Content follows a logical development that students can follow	1	2	3	4	5	n/a
b. Program provides students with positive, appropriate responses	1	2	3	4	5	n/a
c. Students are actively engaged in the program	1	2	3	4	5	n/a
d. Program stimulates critical thinking and problem solving	1	2	3	4	5	n/a
e. Presentation of concepts and ideas is better than textbook on subject	1	2	3	4	5	n/a
f. Program is suitable for both individual and group use	1	2	3	4	5	n/a
g. Students can use program effectively without extensive teacher direction	1	2	3	4	5	n/a
h. Multiple paths are provided for individual students to meet objectives	1	2	3	4	5	n/a
i. Program permits simple, frame-by-frame access for students who need it	1	2	3	4	5	n/a
j. Beginning users are helped by well-developed, pre-programmed sequences	1	2	3	4	5	n/a
k. Innovative approaches encourage creativity by users	1	2	3	4	5	n/a
l. Program encourages users to locate and use additional learning resources	1	2	3	4	5	n/a
m. Help screens provide clear, understandable explanations	1	2	3	4	5	n/a
n. Pace of the program is appropriate for the grade level of students	1	2	3	4	5	n/a
o. Graphic cues support instructional goals and help navigate through program	1	2	3	4	5	n/a

6. How effective are the "interactivity" features of the program? Circle the number that matches your rating of how well students are able to interact with the program -- individually and in groups:

Unacceptable	Acceptable	Good	Desirable	Exemplary
It does not work with my students	It works but it's nothing special	It works quite well	It does more than expected	It does all it's supposed to and then some
1	2	3	4	5

a. Students can easily and independently operate the program ..... 1 2 3 4 5 n/a
b. Indexing is thorough, simple to use, and accurate ..... 1 2 3 4 5 n/a
c. Menus or icons allow students direct access to specific parts of program ... 1 2 3 4 5 n/a
d. Program allows students to alter responses before they are processed ..... 1 2 3 4 5 n/a
e. The teacher or the student can determine the pace through the program ..... 1 2 3 4 5 n/a
f. Lesson sequences are programmed to branch based on student responses... 1 2 3 4 5 n/a
g. Program presents harder or easier content according to student responses .. 1 2 3 4 5 n/a
h. Students can go back through the program to review ..... 1 2 3 4 5 n/a

7. How well does the software product match the curriculum? Circle the number that matches your rating of how well the program supports the California Curriculum Frameworks according to the following scale:

Unacceptable	Acceptable	Good	Desirable	Exemplary
1	2	3	4	5

a. Program content supports specific curriculum objectives in Framework ..... 1 2 3 4 5 n/a
b. Content supports one or more instructional themes in Framework ..... 1 2 3 4 5 n/a
c. Program content integrates instructional themes specified in Framework ... 1 2 3 4 5 n/a
d. There are curriculum-related sequences ready for teacher use ..... 1 2 3 4 5 n/a

8. How interesting is the software to students? Circle the number that matches your rating of how interesting your students find the program:

Unacceptable	Acceptable	Good	Desirable	Exemplary
It does not work with my students	It works but it's nothing special	It works quite well	It does more than expected	It does all it's supposed to and then some
1	2	3	4	5

a. The interest level of the program content is well suited to the students ..... 1 2 3 4 5 n/a
b. Program content and format stimulate student curiosity and imagination.... 1 2 3 4 5 n/a
c. Students are eager to use the program repeatedly and share it with friends . 1 2 3 4 5 n/a
d. Program provides for various learning modalities (visual, auditory, etc.).... 1 2 3 4 5 n/a

9. How do you rate the overall instructional value of the software product? (circle one)

Very poor; I would not recommend it to other teachers 1
Poor; I would be quite hesitant to recommend it to other teachers 2
Fair; I would recommend it with some reservation to other teachers 3
Good; I would recommend it to other teachers 4
Superior; I would recommend it to very highly to other teachers 5

10. Are you aware of similar products? (circle one)
    Yes 1
    No 2

    If yes, please name (give publisher, title, and price):

11. How cost-effective is the software product? That is, was the money spent on this software a worthwhile investment? Compare what your students have learned when using the software product with the learning of similar groups of students using conventional print materials, such as textbooks. (circle one)

    I really don't know if there is any difference 1
    Conventional print materials are much more cost effective 2
    Conventional print materials are a little more cost effective 3
    Print materials and the software product are about equally cost effective 4
    The software product is a little more cost effective 5
    The software product is much more cost effective 6

12. What price did your (school, district) pay for this product? $_____

13. Whas the program worth what was paid? (circle one):
    Yes 1
    No 2

Section 6

California Technology Project Assessment Instruments

- Self-Assessment Inventory
- Assessment of Services
- Telephone Survey
- Staff Development Evaluation Form

California Technology Project Regional Consortia

SELF-ASSESSMENT INVENTORY

California Department of Education and Far West Laboratory for Educational Research and Development

For each item provide data about the _____ fiscal year (July 1 to June 30). Also, describe major changes **anticipated and now underway** during the **next year** fiscal year. Please be as accurate as possible and don't hesitate to call for assistance. Thank you for taking the time to provide this information.

I. BACKGROUND INFORMATION

1. **General Information.**

   Consortium Name:_____

   Fiscal Agency (LEA):_____

   Mailing Address: _____City:_____ZIP:_____

   Person(s) providing information:_____Title(s)_____

   Telephone: (_____)_____

2. **Implementation Schedule.**

   Starting date of consortium ..... ___/___/___

   Date the consortium was fully operational ..... ___/___/___

3. **Bylaws.** Does the consortium have a set of bylaws (circle one):

   Yes 1
   No 2

   If yes, please attach a copy to the completed survey.

4. **Organizational Structure.** Briefly describe the organizational structure of the consortium (include Fiscal Agent and/or host agency, governance (council, board, etc.), department of the local education agency to which CTP Consortium is assigned, reporting structure, etc.) Please attach any relevant documentation (organization charts, etc.)

Description:
next year changes:

5. **Relationship with Host Agency.** To what extent does the host agency presently view the consortium as an integral part of that agency (circle one): .....

Not at All		Moderately		Significantly
1	2	3	4	5

6. **Consortium Membership.** Were there any consortium membership requirements or fee structures established for the year assessed(circle one):

Yes 1
No 2

If yes, describe:
next year changes:

7. **Service Area.** Does the consortium serve a specific geographic area (circle one):

Yes 1
No 2

If yes, describe the geographic area that is served by the consortium. If no, describe the area that is *generally* served by the consortium.

Number of counties: ..... #_____

List all counties (or parts of counties) served:
Other relevant information:
next year changes:

8. **Consortium Services Provided.** Complete the table below as follows:
   - Estimate the number of individuals, schools, and education agencies that are in the consortium's service area.
   - Estimate the number that can potentially and realistically benefit from its services:

	In Area*	Estimated Number to Benefit
Teachers		
Administrators		
Schools		
School Districts		
Colleges and Universities		
Other:_____		
Other:_____		

* Check the *California Public Schools Directory* for data.

next year changes:

II. PLANNING

1. **Needs Assessment.** Indicate the methods used for assessing local needs of teachers, administrators, and others for CTP services (circle all that apply):

Survey of teachers in area 1
Survey of administrators 2
Survey of consortium members 3
Input from the CTP council 4
CTP staff judgement 5
None of the above 6
Other (describe):_____ 7

If needs assessment data are available, list the three needs most often suggested:

1. _____
2. _____
3. _____

next year changes:

2. **Service Requests.** Estimate the number of requests from clients or members for CTP services in each of the following areas (circle the appropriate letter in the scale for each item or write in the exact number, if known):

Service Offered	Estimated Number of Requests						
	0-5	6-10	11-25	26-50	51-100	Over 100	Exact #
Project development assistance (AB 1470)	A	B	C	D	E	F	
Technology use planning assistance - school district	A	B	C	D	E	F	
Software/video information/questions	A	B	C	D	E	F	
Technical assistance with hardware	A	B	C	D	E	F	
Information about AB 1470 Grant Application Guidelines	A	B	C	D	E	F	
Teleconference information	A	B	C	D	E	F	
Technology in the curriculum staff development	A	B	C	D	E	F	
ITV staff development	A	B	C	D	E	F	
Other (list):	A	B	C	D	E	F	
	A	B	C	D	E	F	
	A	B	C	D	E	F	
	A	B	C	D	E	F	

Comments:
next year changes:

3. **Planning Procedures.**

a. Does your consortium develop an annual plan (circle one):

Yes 1
No 2

b. Does your consortium have a formal planning group or committee that is separate from the CTP council (circle one):

Yes 1
No 2

c. To what extent were CDE initiatives considered when the plan was developed (circle one for each item):

CDE Initiative	Priority				
	Low		Moderate		High
Curriculum alignment	1	2	3	4	5
Learning resources management	1	2	3	4	5
Staff development	1	2	3	4	5
School-based technology use planning	1	2	3	4	5
Evaluation and accountability	1	2	3	4	5

	Not at All		Moderately		Significantly
d. To what extent is the consortium plan used as a working document to guide the day-to-day implementation (circle one):	1	2	3	4	5

e. Do any users of your consortium's services provide input to the annual plan (circle one):

Yes 1
No 2

If yes, indicate how they are able to provide input (circle one):

Survey 1
Consortium council meetings 2
Informal input 3
Other:_____ 4

	Not at All		Moderately		Significantly
f. To what extent is the planning of consortium activities coordinated with those of the host agency staff - e.g.. existing staff development and technology resources (circle one):	1	2	3	4	5

4. **Services Priorities.** Indicate the emphasis given to major educational and program priorities in the region that were addressed by the consortium during the year assessed (circle one for each item):

Need	Priority				
	Low		Moderate		High
Support of AB 1470 grant projects	1	2	3	4	5
Site-based technology use planning	1	2	3	4	5
Technology Leadership Academies	1	2	3	4	5
Technology-curriculum integration	1	2	3	4	5
Technical support for equipment utilization	1	2	3	4	5
Telecommunications support (CSUNet)	1	2	3	4	5
Program planning and implementation	1	2	3	4	5
Responding to information requests	1	2	3	4	5
Disseminating information	1	2	3	4	5
Other priorities (list):_____	1	2	3	4	5

III. PROGRAM CONTENT AND IMPLEMENTATION

1. **Implementation and Emphasis of CTP Activities and Objectives.** Each of the activities and objectives listed on this table were summarized from the agreement made between the CTP central office and the regional consortia.
   - Rate each activity or objective by circling the appropriate letter:

A	=	Not implemented/emphasized
B	=	Not possible to implement/emphasize
C	=	Not implemented/emphasized during 1989-90 but planned for next year
D	=	Partial implementation/emphasis
E	=	Fully implemented/emphasized
F	=	Implemented/emphasized beyond expectations

   - Use the space provided to list major local objectives and activities.
   - Comment on each activity if *not implemented/emphasized, not possible to implement* or if *implemented/emphasized beyond expectations.*

CTP Activities/Objectives

1. General administration of the Consortium	A	B	C	D	E	F
2. Facilitate exchange of information on uses of technology between and among Consortium and other educational groups	A	B	C	D	E	F
3. Support effective uses of technology in support of California Curriculum Frameworks	A	B	C	D	E	F
4. Ensure that membership, including teachers, have input into governance and planning.	A	B	C	D	E	F
5. Send a representative to consortium coordinator's meetings called by the central CTP	A	B	C	D	E	F
6. Provide a liaison and coordination between SB 1882 Consortia, County Superintendents, MTS Projects, ITV Agencies, California Subject Matter Projects, and others.	A	B	C	D	E	F
7. Promote educational telecommunication use of CSUNet and TRIE	A	B	C	D	E	F
8. Assist the state-wide CTP in information collection and dissemination activities	A	B	C	D	E	F
9. Provide evaluation data to the CTP central office	A	B	C	D	E	F
10. Conduct annual needs assessment/resource identification survey to identify training resources and priorities	A	B	C	D	E	F
11. Assist AB 1470 School-Based Grants program by conducting orientation workshops and other support services	A	B	C	D	E	F
12. Conduct annual regional CTP Technology Leadership Academy	A	B	C	D	E	F
13. Conduct locally determined workshops	A	B	C	D	E	F
14. Host a downlink site for annual CTP satellite broadcasts as requested	A	B	C	D	E	F
15. Submit a "Final Activities Report" to the CTP central office no later than October 15th.	A	B	C	D	E	F

Local Objectives

	A	B	C	D	E	F
	A	B	C	D	E	F
	A	B	C	D	E	F
	A	B	C	D	E	F
	A	B	C	D	E	F

next year changes:

2. **Consortium Staff Activity.** Estimate the total number of hours of consortium staff time allocated to each of the activities and complete the table below.

CTP Activity Category	Consortium Coordinator	Technical/Clerical Support	Contract Consultants	Other:_____ _____	Other:_____ _____
Overall planning and management					
CTP State and Local Council Meetings.					
Staff development workshops					
Coordination with other agencies					
Reports and surveys					
CSUNET and TRIE					
AB 1470 project support					
Other: _____					
Other: _____					
Total Hours					

next year changes:

3. **Professional Development.** For each workshop conducted before September 15, of the year assessed
   - Provide the *workshop title* and *date*.
   - Check the appropriate column for *time spent*.
   - Enter the number of teachers and administrators that attended.
   - Check (√) the *type of workshop* conducted.
   - Check the the type(s) of *co-sponsors* and the assistance they provided.
   - Check the appropriate column to indicate the extent of consortium involvement in the presentation of the workshop.

		Length of Wkshp.				Type of Workshop									Locally Initiated Workshop Topic	Co-Sponsors							
						AB 1470			TLA				Model Tech. Sch.			Type				Assistance			
Workshop Title	Workshop Date	Half-Day or Less	1-2 Days	2-5 Days	Number of Attendees	Technology Use Planning	AB 1470 Grant Support	Sch. Application Reviews	English-Language Arts	History-Social Science	Math	Other	MTS Level I	MTS Level II		School/District	County Office of Ed.	Business/Industry	College/University	Funding	Planning	Implementation	
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							
11.																							
12.																							
13.																							
14.																							
15.																							
16.																							
17.																							
18.																							
19.																							
20.																							

4. **Support for AB 1470 School-Based Projects.** Estimate the level of staff effort dedicated to each of the activities (circle the appropriate percentage for each activity):

Activity	Level of Effort				
	Low		Moderate		High
Technology use planning workshops	1	2	3	4	5
Proposal development workshops	1	2	3	4	5
Site-level proposal development assistance	1	2	3	4	5
Assisting in state grant reviews	1	2	3	4	5
Newsletter articles related to AB 1470	1	2	3	4	5
School-based grant evaluation training	1	2	3	4	5
Other AB 1470 support activities (specify):					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
Other resources provided (specify):					
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

next year changes:

5. **Publication Production.** Use the table below to provide the number of editions and copies of each consortium-produced publication or product for the year assessed.

Publications Produced or Distributed by Consortium	Number of Publications	Number of Copies Printed
Workshop Schedules		
Consortium Newsletters		
Announcements, Brochures, Flyers		
Other (specify):		
Total	n/a	

next year changes:

6. **THE YEAR ASSESSED Evaluation Implementation Procedures.** Has your consortium conducted formal evaluations of the impact of any of the following services or activities (circle **Y** or **N** for each item):

Agency Service or Activity	Yes	No
Technology Leadership Academies	Y	N
Technology use planning workshops	Y	N
AB 1470 proposal writing workshops	Y	N
Other AB 1470 project assistance	Y	N
Consortium publications (flyers, newsletters, etc.)	Y	N
On-site technical assistance	Y	N
Telephone assistance	Y	N
List locally initiated services or activities:_____	Y	N
_____	Y	N
_____	Y	N

For any items checked yes, briefly describe the evaluation procedure used (e.g., survey; who completed it and how many?) Please attach a copy of any reports on consortium activities.

Description:

7. **Collaboration with Other Agencies.** Complete the table below as follows:

- Circle the appropriate number to indicate the estimated level of collaboration with each of the agencies listed.
- Provide examples of important and/or frequent collaborative activities or projects

Possible Agency Collaborators	Level (None 1 2 3 4 5 Extensive)	Examples
County Office(s) of Education	1 2 3 4 5	
ITV Agencies	1 2 3 4 5	
Subject Matter Projects (California Writing, Literature, Math, etc.)	1 2 3 4 5	
Business and Industry	1 2 3 4 5	
Other CTP Regional Consortia	1 2 3 4 5	
Professional Associations (CUE, ACSA, CTA, etc.)	1 2 3 4 5	
SB 1882 Staff Development Consortia	1 2 3 4 5	
Educational Telecommunications Network (ETN)	1 2 3 4 5	
California Department of Ed. Educational Technology Unit	1 2 3 4 5	
Other (describe):	1 2 3 4 5	
Other:	1 2 3 4 5	
Other:	1 2 3 4 5	
Other:	1 2 3 4 5	

next year changes:

IV. FUNDING RESOURCES AND CONSTRAINTS

1. **Revenue.** Fill in the table below.

	Revenue Sources and Amounts Received to Conduct CTP Activites	Amount Received
Direct Funding Sources	State AB 1470 funds from CTP	$
	Workshop fees	
	Membership fees - Cost recovery? Yes_____ No_____	
	Direct fiscal agency/host contribution	
	Sale of publications, etc.	
	Business contributions	
	Other grants (list):	
	Other (list):	
	Total direct cash revenue	
	Estimated value of in-kind support (from Page 12)	
	Total revenue	

next year changes:

2. **Funding for Consortium Staff Activity.** Considering the total scope of CTP activities for the year assesed, estimate the following:

a. The percentage of staff time funded by the CTP grant ..... _____%
b. The percentage of staff time funded by the host agency ..... _____%
c. The percentage of staff time donated by volunteers ..... _____%

3. **Estimated In-kind Support.*** Complete the table below as follows:
   - **Indicate the level of in-kind support received by the consortium from each source by circling the appropriate number.**
   - **Provide an example of the in-kind support.**
   - **Enter the estimated dollar value of the in-kind support that your consortium received.**

Sources of Support and Contributions	Level (None Moderate Extensive)	Examples	Estimated Value
Fiscal Agent or Host Agency	1 2 3 4 5		$
County Offices of Education	1 2 3 4 5		
School District(s)	1 2 3 4 5		
Other CTP Consortia	1 2 3 4 5		
Calif. Tech. Project (CTP) (Above basic consortium grant)	1 2 3 4 5		
ITV Agencies	1 2 3 4 5		
Colleges and Universities	1 2 3 4 5		
Business/Industry	1 2 3 4 5		
Other (describe):	1 2 3 4 5		
Other:	1 2 3 4 5		
Other:	1 2 3 4 5		
Other:	1 2 3 4 5		
Other:	1 2 3 4 5		

Total In-kind Support	$

* Include volunteer services, donations, hardware/software, or anything else that can have a dollar value assigned to it.

next year changes:

4. **Expenditures.** Enter separately the amount of the AB 1470 funding, fiscal agent funding, and donations expended for each of the budget categories indicated:

CTP Consortium Project Expenses for 1989-90

(Round to the Nearest $)

	Explanation of Expenditure	AB 1470 Funding	Fiscal Agent Funding	Estimated Value of Donations
1000 Professional Staff Salaries	Consortium Coordinator			
	Professional Staff			
	Other:			
	Subtotal for 1000 Series	$	$	$
2000 Classified/Support Staff Salaries	Technical Support			
	Clerical Support			
	Other:			
	Subtotal for 2000 Series	$	$	$
3000	Staff Benefits:	$	$	$
4000 Materials/Supplies	Printing: Newsletters			
	Software			
	Office Supplies			
	Other:			
	Subtotal for 4000 Series	$	$	$

(Round to the Nearest $)

		Explanation of Expenditure	AB 1470 Funding	Fiscal Agent Funding	Estimated Value of Donations
5000 Contract Services/Expenses	Services	Consultants			
	Expenses	Facilities			
		Travel			
		Subtotal for 5000 Series	$	$	$
Indirect Costs: Indirect costs are not a required item and can only be entered when a rate has been established. Indirect costs computations exclude the 6000 category. Rate_____%					
6000 Capital Outlay	Equipment	Computers			
		Software			
		Other:			
		Subtotal for 6000 Series	$	$	$
		TOTALS	$	$	$
				GRAND TOTAL	

next year changes:

5. **Factors Facilitating or Impeding Service Delivery.** Review each of the following factors and:

- Rate the extent to which each was a facilitating factor or an impediment to the ability of the consortium to deliver effective services by circling a number from the following scale:

- 3	= Major impediment
- 2	= Moderate impediment
- 1	= Slight impediment
0	= Not a factor that affects agency operation
+1	= Slight facilitating factor
+2	= Moderate facilitating factor
+3	= Major facilitating factor

- Add any comments in the spaces provided (especially if a +3 or -3 was circled).

	Rating (circle one) (-) ← 0 → (+)
A. Geographic size of service area	-3 -2 -1 0 +1 +2 +3
Comments:	
B. Lack of geographically defined service area	-3 -2 -1 0 +1 +2 +3
Comments:	
C. Interaction with CTP central office	-3 -2 -1 0 +1 +2 +3
Comments:	
D. Fiscal agent for the consortium	-3 -2 -1 0 +1 +2 +3
Comments:	
E. The California Department of Education (CDE)	-3 -2 -1 0 +1 +2 +3
Comments:	
F. County office(s) of education	-3 -2 -1 0 +1 +2 +3
Comments:	
G. Technology manufacturers/vendors	-3 -2 -1 0 +1 +2 +3
Comments:	
H. Colleges and universities	-3 -2 -1 0 +1 +2 +3
Comments:	
I. Business and industry	-3 -2 -1 0 +1 +2 +3
Comments:	
J. Recruiting districts or schools for membership	-3 -2 -1 0 +1 +2 +3
Comments:	

	Rating (-) ← 0 → (+)
K. Level of support from the host agency	-3 -2 -1 0 +1 +2 +3
Comments:	
L. Level of support from membership fees	-3 -2 -1 0 +1 +2 +3
Comments:	
M. Availability of staff and/or consultants to provide professional development	-3 -2 -1 0 +1 +2 +3
Comments:	
N. Capabilities for producing and distributing CTP publications	-3 -2 -1 0 +1 +2 +3
Comments:	
O. The availability of CSUNet	-3 -2 -1 0 +1 +2 +3
Comments:	
P. Describe and rate other factors that influence the ability of the consortium to deliver services:	
1.	-3 -2 -1 0 +1 +2 +3
Comments:	
2.	-3 -2 -1 0 +1 +2 +3
Comments:	
3.	-3 -2 -1 0 +1 +2 +3
Comments:	
4.	-3 -2 -1 0 +1 +2 +3
Comments:	

next year changes:

V. OUTCOMES

1. **Impact of Services.** Complete the table below as follows:

   - If a service was not offered, circle n/a
   - Rate the effectiveness or value to participants of each service that was offered by circling the appropriate number. Feedback can range from completion of formal evaluation instruments to informal comments and testimony.
   - Rate the need for increased service by circling the appropriate number.
   - Circle S if your ratings are based on data obtained from a survey of users or C if based on informal comments, testimony, and/or your own general perception.

CTP Activity	Effectiveness or Value					Need for increased Service					Data Source	
	Not at All		Moderate		High	None		Moderate		High		
Technology Leadership Academies ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
CSUNet electronic bulletin board ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
AB 1470 tech. use planning workshop n/a	1	2	3	4	5	1	2	3	4	5	S	C
AB 1470 proposal writing workshops . n/a	1	2	3	4	5	1	2	3	4	5	S	C
Periodic consortium meetings ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Local consortium newsletters ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
CTP Quarterly ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Teleconferences ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Technology evaluation training ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Other: (specify):_____ ..... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Other:_____ ... n/a	1	2	3	4	5	1	2	3	4	5	S	C
Other:_____ ... n/a	1	2	3	4	5	1	2	3	4	5	S	C

next year changes:

2. **Benefits of Services.** Of all CTP initiated activities and resources provided during the year assessed (up to September 15th) describe those that were of greatest benefit as follows:

CTP Activities and/or Resources	Benefits to Educators

2. **Marketing Effort and Impact.** Complete the table below as follows:
   - Circle **n/a** if the activity was not conducted.
   - Circle the appropriate number to indicate the level of effort devoted to each marketing activity.
   - Circle the appropriate number to indicate the level of impact produced by each marketing activity.

Marketing Activity		Level of Effort					Level of Impact				
		None		Moderate		High	None		Moderate		High
Direct Approaches (letters, calls to schools)	n/a	1	2	3	4	5	1	2	3	4	5
Announcements, Brochures, Flyers	n/a	1	2	3	4	5	1	2	3	4	5
Publication of Articles in Journals and Magazines	n/a	1	2	3	4	5	1	2	3	4	5
Exhibit Booth at Educational Conferences	n/a	1	2	3	4	5	1	2	3	4	5
Making Presentations at Conferences	n/a	1	2	3	4	5	1	2	3	4	5
Supporting/Facilitating Technology User Groups	n/a	1	2	3	4	5	1	2	3	4	5
Soliciting Business and Industry Partnerships	n/a	1	2	3	4	5	1	2	3	4	5
Other (fill-in):	n/a	1	2	3	4	5	1	2	3	4	5
	n/a	1	2	3	4	5	1	2	3	4	5
	n/a	1	2	3	4	5	1	2	3	4	5

Anticipated next year changes:

3. **Cost Benefits**

a. Given the objectives and expectations of the CTP Regional Consortia, has the funding level for your CTP Consortium been (circle one):

Very insufficient 1
Somewhat insufficient 2
Adequate 3
More than adequate 4

b. Would it have been possible to accomplish what your consortium has achieved without the existence of in-kind funding and volunteer assistance (circle one):

Yes 1
No 2
Not sure 3

Comments:

c. Would the in-kind support and volunteer help have occurred without the AB 1470 CTP funding (circle one):

Yes 1
No 2
Not sure 3

Comments:

d. To what extent would your CTP Regional Consortium continue to operate if the state (AB 1470) funding were terminated (circle one):

Discontinue all services 1
Discontinue most services 2
Discontinue some services 3
Continue at the same level 4

Comments:

e. In general, do you believe the CTP Consortia model is a cost-effective approach to providing regional support services (circle one):

Yes 1
No 2

If no, explain better alternatives:

4. **Recommendations.** Review all of your responses and make recommendations for each of the following areas as needed:

Organizational structure:
Service regions:
Services offered:
Level of support and sources of other revenue:
Planning:
Collaboration with other agencies:
Evaluation:
CTP governance structure:
AB 1470 funding:
State CTP support:
Coordination with other state programs (SB 1882, etc.):
State expectations for CTP Consortia:
Other:

5. **Other Information.** Please provide any other information that you believe is relevant to the operation of your CTP Consortium:

For assistance or further information related to the completion of this form contact:
John Cradler, 415-565-3018 or 415-344-7046; FAX: (415) 344-3604;
AppleLink: K1686; CSUNET: jcradle

Far West
LABORATORY

SAMPLE

Date: January 28, 1991

To: CTP Coordinators

From: John Cradler
California Educational Technology Assessment Project

Re: Revised CTP Consortia Self-Assessment for 1989-90

Enclosed is your copy of the revised 1989-90 CTP Consortia Self-Assessment inventory. We thank you for your reviews of the draft version; your suggestions and others have been incorporated into this edition. The survey is part of the documentation that will serve as your Annual Evaluation Report and provide information for the statewide evaluation of AB 1470. As you know, the latter is being conducted by Far West Laboratory for Educational Research and Development under the project title *California Educational Technology Assessment Project* (CETAP).

The importance of the report derived from the data you provide cannot be overemphasized. The evaluation report will help to inform decision-makers about CTP and CETAP will include many recommendations that may influence the future of CTP.

The information provided by the 1989-90 inventory along with other information will be used in the development of an interim report on the CTP for the April, 1991 *Educational Technology Summit Conference* in Sacramento.

Please enter as much of the information as possible and mail the completed document to Far West Laboratory by February 22nd, 1991.

You will again be completing this inventory to describe CTP activities for 1990-91. The deadline for the 1990-91 inventory will be June 30, 1991. This will provide the CETAP with data that will be incorporated into the August draft of the state-wide evaluation report.

Your cooperation in providing this valuable information is much appreciated.

If you have any questions about any of the revised questionnaire items, or need assistance, please call (415) 344-7046 or (415) 565-3018.

Far West Laboratory For Educational Research and Development
730 Harrison Street San Francisco, CA 94107-1242 (415) 565-3000 FAX (415) 565-3012

CALIFORNIA TECHNOLOGY PROJECT REGIONAL CONSORTIA

ASSESSMENT OF SERVICES

Far West Laboratory

This survey is designed to assess the use and impact of services and resources provided by the CTP. Please answer the following questions as honestly as possible as the results will be used in revising the CTP to improve its services to educators.

1. School:_____ District:_____
   Address:_____
   City:_____ ZIP:_____ County:_____

2. Person completing this form:_____ Title:_____
   Ph:_____ Date:___/___/___

3. Are you aware of the CTP and the services it can provide? (circle one):
   Yes 1
   Somewhat 2
   No 3

4. Identify the CTP consortium that has sponsored activities in which you have participated (circle all that apply):
   Central Valley Regional Consortium 1
   Inland Technology Consortium 2
   OCLA Technology Consortium 3
   San Diego 4
   El Camino Resource Council 5
   San Gabriel Valley Educational Technology Consortium 6
   Superior California Educational Technology Council (Super Tech) 7
   North Coast Educational Technology Consortium 8
   Sacramento Valley Regional Consortium 9
   Central Coast 10
   Bay Area Regional Consortium (BARC) 11
   MOD Tech Consortium 12
   Delta-Sierra Regional Consortium 13

5. When did you find out about the CTP? ..... ___/___/___

6. How did you find out about the CTP? (circle all that apply):
   At a conference 1
   Word of mouth 2
   Workshop brochure 3
   ITV agency (specify):_____ . 4
   CTP Quarterly 5
   CTP Newsletter 6
   District office 8
   AB 1470 School-Based Grant Guidelines .. 9
   County office of education 10
   California Department of Education 11
   Other (specify):_____ . 12

7. Complete the item below as follows:

- Circle **Y** if you used the source of assistance, **N** if you did not or **n/a** if you were not aware of it or it was not available.
- For each CTP service, indicate value of the information, skills or knowledge gained by circling the appropriate number.

CTP Services:	Used?			Value				
				None		Moderate		Hi
a. Technology Leadership Academies	Y	N	n/a	1	2	3	4	5
b. TRIE electronic bulletin board on CSUNet	Y	N	n/a	1	2	3	4	5
c. Publications (flyers, newsletters, etc.)	Y	N	n/a	1	2	3	4	5
d. Technology use planning workshops	Y	N	n/a	1	2	3	4	5
e. AB 1470 proposal writing workshops	Y	N	n/a	1	2	3	4	5
f. On-site technical assistance	Y	N	n/a	1	2	3	4	5
g. Telephone assistance	Y	N	n/a	1	2	3	4	5
h. Teleconferences	Y	N	n/a	1	2	3	4	5
i. AB 1470 Project evaluation implementation workshop	Y	N	n/a	1	2	3	4	5
j. Evaluation Handbook	Y	N	n/a	1	2	3	4	5
j. General meetings	Y	N	n/a	1	2	3	4	5
k. Other services (describe)_____	Y	N	n/a	1	2	3	4	5
l. _____	Y	N	n/a	1	2	3	4	5
m. _____	Y	N	n/a	1	2	3	4	5

8. Did your school apply for an AB 1470 School-Based Educational Technology Grant? (circle one):

Yes 1
No 2

If yes, answer Questions 8a and 8b.

8a. Did someone included in the project attend a CTP sponsored AB 1470 grant writing workshop or receive assistance from the CTP? (circle one):

Yes 1
No 2

8b. Complete the item below as follows:

- Circle **Y** if you used the source of assistance while completing your proposal, **N** if you did not or **n/a** if you were not aware of it or it was not available.
- Rate the usefulness of the sources by circling the appropriate number.

Services:	Used?			Value				
				None		Moderate		Hig
a. CTP services	Y	N	n/a	1	2	3	4	5
b. AB 1470 Help Line	Y	N	n/a	1	2	3	4	5
c. Instructional Television Agency staff	Y	N	n/a	1	2	3	4	5
d. County office of education staff	Y	N	n/a	1	2	3	4	5
e. School district staff	Y	N	n/a	1	2	3	4	5
f. Contractual consultant	Y	N	n/a	1	2	3	4	5
g. Another teacher at the school site	Y	N	n/a	1	2	3	4	5
h. The principal	Y	N	n/a	1	2	3	4	5
i. Other (specify):	Y	N	n/a	1	2	3	4	5

9. Have you utilized the TRIE/CSUNet telecommunication/electronic bulletin board service? (circle one):

Not aware of TRIE/CSUNet 1
Aware of TRIE/CSUNet but have not used it 2
Have used TRIE/CSUNet 3

If 3 was circled, answer questions 9a - 9c If 2 was circled, answer 9d.

9a. I have used TRIE/CSUNet (circle one):

1 - 5 times 1
5 - 10 times 2
More than 10 times 3

9b. Which types of information/services on TRIE/CSUNet were most useful? (circle all that apply):

AB 1470 Grant Application Guidelines 1
Workshop information 2
Electronic mail 3
Other (specify):_____ 4
Other:_____ 5

9c. Rate the ease of use of TRIE/CSUNet: ..... Difficult 1 2 3 4 5 Easy

Go to Question 10.

9d. Why do you not use TRIE/CSUNet? (circle all that apply):

No phone line in classroom 1
No modem available 2
Too dificult to use 3
Use other service instead 4
No local access number or 800 number 5
The information that is avialable on TRIE is not useful 6
Training in telecommunications is needed 7
Other:_____ 8

10. What other (Non-TRIE/CSUNet) telecommunications services do you currently use (circle all that apply):

AppleLink 1
Compuserve 2
Prodigy 3
FrEdMail 4
California School Com (GTE Education Services) 5
Kids Net 6
Special Net 7
Other (list):_____ 8

11. If you do not currently use any telecommunications service, access to what types of information and/or services would make it worthwhile for you to use one? (circle all that apply):

Electronic mail 1
Staff development announcements 2
Reviews of educational technology hardware and software 3
Bulletin boards 4
Information about technology grant opportunities 6
Information about what other schools are doing with technology 7
Information about model programs for adoption/adaptation 8
Educational information databases (ERIC, Dialog) 9
Technical support 10
Other (list):_____ 11
Other:_____ 12

12. Do you feel that the CTP Regional Consortia provide a cost effective vehicle for delivering information and staff development resources to schools? (circle one):

Yes 1
No 2
Do not have enough information to answer this question 3

13. Please list what you believe to be the major strengths and weaknesses of the CTP:

Strengths:

Weaknesses:

14. Recommend changes that you believe might improve the CTP and/or CSUNet. Include additional services that should be provided:

CTP Recommendations:

CSUNet Recommendations:

CTP Consortia Recommendations:

CALIFORNIA TECHNOLOGY PROJECT REGIONAL CONSORTIA TELEPHONE SURVEY FOR FISCAL YEAR 1989-90

California Department of Education and Far West Laboratory for Educational Research and Development

Consortium Title: _____

Mailing Address: _____

Person(s) providing information: (title)_____

Telephone: _____

1. **1989-90 Regional Area.** Please describe the geographic area served by your consortium.

   Number of Counties Served: Number of Districts within the Region:

   List Counties Primarily Served:

2. **1989-90 Consortium Objectives.** Tell me briefly the major objectives that were established for 1989-90:

3. **1989-90 Consortium Activities.** Please list for me the major activities and the number of times that they were held/completed during 1989-90:

4. **1989-90 Services.** How would you rate the effectiveness of each of those major activities?
   Not sure Somewhat Moderate High

5. **1989-90 Consortium Staff Involvement.** Please estimate the amount of staff time in FTEs (Full Time Equivalents) allocated to accomplishing your CTP's 1989-90 objectives/activities (even if only fractional). (Consider only staff time funded by CTP with AB 1470 funds)

6. **Other Staff Support.** Have any other staff members from your host agency allocated time to any of those CTP activities? Yes ☐ No ☐ If yes, estimate the level of staff support (in amount of time or in FTEs).

7. 1989-90 Factors Affecting CTP Service Delivery. Please share what you think are the major factors, both positive and negative, affecting your ability to provide CTP regional services.

8. Accomplishments. What do you believe to be the major accomplishments of your CTP consortium? (Hopefully, these are different than the responses to Questions 3 and 4)

9. Cost Effectiveness. Given the current amount of funding made available, do you believe that the regional network of CTP Consortia should be continued?

10. Recommendations. Please give me any suggestions you can that you think would improve the way the CTP functions.

Thank you for your time and effort to respond to this telephone survey. The results of all the consortia responses will be made available to you.

Staff Development Evaluation Form

This form is to be completed by each participant.

1. **School Information**

   Name of Teacher:_____ Today's Date:___/___/___

   Name of School:_____ Name of District:_____

2. **Staff Development Information**

   Title of Workshop:_____ Date of Workshop:___/___/___

   Topic:_____ Location:_____

   Name of Presenter:_____ Number of Participants:_____

3. **Evaluation of Staff Development Content/Activities/Materials/Technology**

   For the each of the following items, circle the appropriate rating using the following scale:

1	2	3	4	5
Strongly Disagree		Agree		Strongly Agree

Goals and Objectives: Goals and objectives of the session were well-formulated, clear, and addressed to the topic.	1	2	3	4	5	n/a
Organization: The information was well-organized, well-paced, and sequential.	1	2	3	4	5	n/a
Content: The information presented was worthwhile and helpful to me for understanding and clarifying related concepts.	1	2	3	4	5	n/a
Activities: The activities were appropriate to my level of understanding and served to reinforce the major topics of the presentation.	1	2	3	4	5	n/a
Handouts and Materials: Documents and visuals were clear, well-organized, and presented properly.	1	2	3	4	5	n/a
Technology: Demonstrations of the technology were well presented and easy to follow.	1	2	3	4	5	n/a

The major **strengths** of the workshop:

1._____

2._____

3._____

The major **weaknesses** of the workshop:

1._____

2._____

3._____

Recommendations to improve this workshop:

1._____

2._____

3._____

4. Potential Impact

Expectations: The workshop met my expectations and requirements.	1	2	3	4	5	n/a
Value: I received useful information from the workshop and felt that it was of benefit to me as a teacher.	1	2	3	4	5	n/a
Use: I will use all or portions of the information from the workshop in my classroom.	1	2	3	4	5	n/a
Application to Project: This workshop will help me to implement the project objectives as stated in the plan.	1	2	3	4	5	n/a
Recommendation: I will recommend this workshop to other colleagues, faculty members, or peers.	1	2	3	4	5	n/a

Three key ideas I gained from the workshop:

1._____

2._____

3._____

A brief description of how I will use the information/strategies in my classroom:

_____

_____

_____

I need the following additional staff development activities to effectively implement the project:

_____

_____

_____

5. Evaluation of the Workshop Presenter

Presentation Skills: The presentation was organized, well-paced, and presented in a smooth, sequential manner.	1	2	3	4	5	n/a
Knowledge: The presenter was knowledgeable about the topic and was able to relate it to the appropriate curriculum framework(s).	1	2	3	4	5	n/a
Presenter Style: The information was presented in an interesting and exciting manner.	1	2	3	4	5	n/a

The things I liked most about the presenter's skills:

1._____

2._____

3._____

The things I liked least about the presenter's skills:

1._____

2._____

3._____

Staff Development Profile

To be completed by the Workshop Coordinator

Title of Workshop:_____ Date of Workshop:____/____/____

Topic:_____ Location:_____

Name of Presenter:_____ Number of Participants:_____

Curriculum Topic(s) (Check the Appropriate Item(s)):

English-Language Arts ☐ Math ☐ Science ☐ History-Social Science ☐

Visual-Performing Arts ☐ Technology Integration ☐

Other:_____

Technology Topic(s):

Computer and/or Software Use ☐ Word Processing ☐ Video ☐ Instructional Television ☐

Laserdisc ☐ CD ROM ☐ Other:_____

Behavioral Topic(s):

Cooperative learning ☐ Critical thinking ☐ Study skills ☐ Classroom management ☐

Other:_____

Project Implementation Topic(s):

Technology use planning ☐ Project management ☐ Project evaluation ☐

Software selection/evaluation ☐ Video selection/use ☐

Other:_____

Time:

1/2 Day or Less ☐ Full Day ☐ 2-5 Days ☐ Evening ☐ Summer ☐ Multiple Session ☐

Funding:

AB 1470 Grant ☐ School Improvement Program ☐ District ☐ SB 1882 ☐ Chapter II ☐

Other_____

Sponsor(s):

County Office of Ed. ☐ Calif. Technology Proj. ☐ District ☐ SB 1882 ☐

School Improvement Program ☐ Chapter I ☐ ITV Agency ☐

Level I Model Tech. School ☐ Level II Academic Model Tech. Proj. ☐

Other_____

Type of Workshop:

Awareness level ☐ Application level ☐ Long-term with follow-up ☐

Group instruction ☐ Individualized ☐